)		P	P	1
1		Ine	S S	
		F.	S	U
}		the	~	7
		>	and	9
1	-	9	10	7
				afte
		0	Se	53
		11	۵.	ž
		e	Pr.S.	ž
		o e	ape	72
		E	ď	_
		8	Lo	壬
		P	ē	3
)		9	G	t'
3		ian	10	8
		Sic	0	9
		hy	ē	(ue
		9	Se	C
		ing	ea	0
)		pu	0	a
2		tte	ien	-
		0	F	0
-	ċ	÷	<u>.</u>	E e
2	EI3	by	E	han has
;	Si	D	8	0
5	Ph	Jue	\$	0
	O	Sign	an an	(a)
1	등	en	草	E
2	en	þ	rie	0
•	to to	95	م	e
	0	9 5	he	TO
200	e	te	S	0
١	Ö	ij	0	-
3	ho	9	US	ric
4	9	S	Š	-
4	=	÷	D	Te
2	â	ter	che	H
i	Pe	K	eta	90
9	ain	di	P	+;
ě	ret	0	P	Sep
•	90	Ü	P	9
	>	Q.	S	tal
)	E		7	0
ľ	4	I'd	0	=
	96	SA	Se	ith
	e d	Ξ	0	3
	-	5	tor	9
	ate	4	90	4
)	G S death. Page 4 may be retained by the hospital or attending physician.	TO FUNERALL (CCIOR: After this certificate has been signed by the attending physician and completely filled by the funeral	5	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer dealth.
1	VP	H	5	145
	15/	W.	2/6	0
			10	-

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

١/	1. PLACE OF DEATH				2. USUAL	RESIDENCE (Whe				ce before ed	lmission)	
7		Wicomico Maryland				o. STATE Waryland Wicomico						
1		f outside corporate limi	te	c. LENGTH OF STAY IN 16		OR TOWN (If outside	corporate limi	te write P	IPAL and give	neerest town)	
		give neerest town)	, . ,	20 years	X	Delmar	COLDS IVAN	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hos	spital, give street address)	d. STREET	T ADDRESS				e. IS RES		
	RFD #	¥ 1				RFD #]					FARM?	
	3. NAME OF DECEASED	First		Middle	Lest	4. DA		Month	Dey	Yeer		
	(Type or print)	LULU		ELIZABETH	ACKER	DE	ATH	Feb.	13th		52_	
1	5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF SIR	TH .	9. AGE (le last bir		UNDER TYEAR	IF UNDER 2		
	Female	White	WIDOWE			6, 1874	87	yrs.	Aonths Deys	Hours	Min.	
1	10a. USUAL OCCUPATI			IND OF BUSINESS OR INDUS	TRY 11. BIRTHPI	LACE (County & Stet	e, or foreign c	ountry)	12. CITIZEN C	F WHAT CO	DUNTRY?	
1	At Home			Home	T	enn.			US	S.A.		
T	13. FATHER'S NAME		,		14. MOTHER	'S MAIDEN NAME						
1	Paul F	reemster			Bell	e R.Wils	son			200		
4	15. WAS DECEASED EVI	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Address				
1	No			None	Donald	Acker,	Delma	r. M	id.			
	18. CAUSE OF D	EATH [Enter only one	ceuse per	line for (e), (b), end (c).]				1.	I IN	ERVAL BETV		
	PART I. DEATE	H WAS CAUSED 8Y:	Ce			lara		les	1	3	MA	
	331	DUE TO		reboal.	,	. 1		6		,		
	Conditions, if eny	, which) (b)	ac	reboal a	erken	orcle,	100	-	0.00			
	geve rise to immedi-	- DUE TO										
	(e), steting the un	nderlying (c)										
	Z PART II. OTHER		TIONS CON	NTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISE	ASE CONDITION	ON GIVEN	I IN PART 1(e)	9. WAS AL		
1	PART II. OTHER	Kus o	res	diseas	e.					PERFOR	MED?	
	200. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OCCUR	ED. (Enter nature	of injury in Pert I or	Part II of item 1	18.)				
	ZOc. TIME OF INJU		er 20d.	INJURY OCCURRED 20e. P	LACE OF INJURY	(Home, farm, ' 20f.	(City or town)	(County)	(5	itete)	
	Hour e.m.	19	While et wo	eNot While fe	ectory, street, offic							
	21. I certify t	hat (I) (this hospi	tal) atten	ded the deceased from	1	19.57	10. Fd.x	13	19.674	hat (I) (v	ve) last	
	saw the deceas	ed aliveron	Com	7 19 62 and th	at death occu	ured at	from the ca	auses ar	nd on the d	ate stated	above.	
	220. SIGNATURE	111	01	20	ATTENDI	NG MED.	STAF	F		22b.	DATE	
		NIV-	son	eer	M.D. PHYS.	DIRECTOR						
	22c. PHYSICIAN'S			/	22d. AD	DORESS	- 74.9					
	NAME (Type)	Dr. L.V	. Sohl	er		Delmar,						
	23e. BURIAL, CREMATI	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETER	OR CREMATO	RY 23d.	LOCATION (City, town	or county)	(Ste	te)	
	Burial (Specify)	2-16-	52	Melson			Delma:	r, M	d.			
	24 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	1-16-11	250. REC'D 8Y R	EGISTRAR 2					
1	W.S.Mar	vel Co.	De	lmar, Del.		DATE FEB 1	62	Chil	hours S. Ha	us		
-												

The state of the same BOOKER STATE The transfer of material and desired Digital Trails Constant some security Parking our distance Soft Fred Care 1 2 de 2 de 12 - fit Schen ESTOLULI NO c north 1 - 10-0 -B I Inlight . D. . Ervoi vo. Leluar. Del.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 m. De retained by the hospital or attending physician.

S TO FUNERAL D. CIOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02475

1/	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)					
	o. COUNTY I CE MILE C MERYLEND	a. STATE b. COUNTY					
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)					
	write RURAL end give neerest town)	C. CITT ON TOWN (II oblished corporate mining, while NORNE and give most of team,					
2	DALISBURY 5 WEEKS	REHOBETH 19X.2					
6	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
	PENINSULA GENERAL HISPITAL	YES NO X					
	3. NAME OF First , Middle	Last 4. DATE Month Dey Year					
	(Type or print) ALLEN HERMAN	Alams DEATH FROMARY 18 1065					
V	1,2/////	17aHIII IEDAINES IS WEL					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours Min.					
	INALE WHITE WIDOWED DIVORCED /	MARCH 13 1891 70 yrs.					
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	CONTRACIOR & BUILDER BUILDING	MARYLAND USA					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	STEPHEN ADAMS	ANNIE MADDOX					
	(Yes, no, or unkown) (If yes give wer or detes of service)	INFORMANT Address					
	NO - 214-13-4835 C	ARL E. ADAMS, REHOBETH, MARYLAND.					
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTÉRVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH					
	IMMEDIATE CAUSE (a) TOUC YOU) MEL	imonia					
	DUE TO 10						
	Conditions, if eny, which) (b) Uremia						
	gave rise to immediate cause (a), stating the underlying DUE TO						
	cause last. (c) Multiple	1) Je lowa					
,		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY					
		PERFORMED?					
	<u> </u>	YES NO					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH OF CHITTER, NOTIFY MEDICAL EXAMINER)), (Enter neture of injury in Pert I or Pert II of item 18.)					
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)					
	Hour a.m. While Not While at work at work	tory, street, office bldg., etc.)					
		1/19 1962 to 2/18 19.62 that (I) (we) last					
	21. I certify that (I) (this hospital) attended the deceased from	(24/2					
	saw the deceased alive on 2 10 1904, and that	death occured at M. from the causes and on the date stated above.					
	220. SIGNATURE	ATTENDING MED. STAFF 220. DATE SIGNED					
	Thamas C Hellen, M	I.D. PHYS. DIRECTOR PHYS. D					
,	22c. PHYSICIAN'S	22d_ADDRESS					
1	NAME (Type) THOMAS C. HILL, JR.	Pine Bluff Road Salisbury Md					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	1 23d. LOCATION (City, town or county) (State)					
	REMOVAL (Specify) 2 21/2 Dree 21/2						
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	RIAN KEHOBETH, MARYLAND					
1	124 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. RECD BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
1	Sofert H. Walson HOCOMOKE CIT	Y, MD, DATE					
1							

17.70 EXISO. THE SELLING SELECTION OF THE SELECTION O HT BENEMBER Person of Leavening of Sollings Filter Heramis Alpens DALE WATER STATE MARCH 13 1891 70 Santroucher & But Bek But But BWE Brady Land Commerce FARME MIREDOCK -STEPHEN HOHONS 214-13-4935 CARL E. AMONS, REALBERT, MARYERS D. The made of the Ly Jill and the second of the second BURING 2-21-62 PRESBY PERIAN NEW BETH MARYERS Executed Waters Possmone City, ma.

Page 4	irector, ed with
er death. F	fired di
haurs afte	d in by the I and 2 sho
d within 24	oletely fillers. Pages ofter death.
be execute	n and camp irban pape 72 haurs
certificate	ng physicia remave co event, within
the death	the attendir Then please
quires that	signed by the permit.
The law re	g physiciar has been urial-transi matian, ar
YSICIAN:	certificate certificate ce as the burial, cre
NDING PH	After this ched far us
OR ATTE	DIRECTOR DIR
5 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the haspital ar attending physician. TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the first of director. After this certificate has been signed by the attending physician and campletely filled in by the first of director. After the starte Board be de. The first of the burial transit permit. Then please remaye carbon papers. Pages 1 and 2 shate the starte Board of Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death.
VR 15	A15 (4) M 9/59

1. PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Mary)	ere deceased lived. If institution: Res Land b. COUNTY W1	idence befare admission) COMICO
b. CITY OR TOWN (If outside corporate limits, writ RURAL ond give nagrest town) Sallsbury	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF ou	utside carporate limits, write RURAL of	and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street or institution 820 E. Church	Carried Control of the Control of th	d. STREET ADDRESS	E.Church St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) ARTHUR	Middle CLEVELAND	ADKINS	4. DATE Month OF DEATH FEBRUARY	Day Year 5th 19 62
7/1 - 7	ARRIED NEVER MARRIED DWED DIVORCED	B. DATE OF BIRTH Sept.12,1884	last birthday) Ment	ths Doys Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane l' during most of working life, even if refired) Retired Trucking Co	_Mechanic	XXXXX Wice	omico Co. Mary	citizen of what country
Noah James		Emma La		
(Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. W.	S. Nettie B.	Adkins(Wife)82	O E.Church S
Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. Canditions, if ony, which gave rise to immediate (b). DUE TO PART II. OTHER SIGNIFICANT CONDITION	Olerowie A	sederey .	facilities and the second seco	PART I(A) 19 WAS ALITOPSY
CATIC	DESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	N/A			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20c Hour a. m.	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.	20f. (City or town)	(Caunty) (State
S 20c. TIME OF INJURY Manth, Doy, Year 20c	d. INJURY OCCURRED 20e. PL fo wark of	ACE OF INJURY (Home, form, ctary, street, office bldg., etc. N/A death accurred at M.D. ATTENDING MEPHYS. MEPHYS.	N/A N/A M, from the causes and an	9.622 that (1) (we) las

HANGED STREET, CONTINUED TO BEACH cda dinamo, a ose Lar de Monune. De The little transaction of the state of the s STATE OF THE STATE OF STATE OF

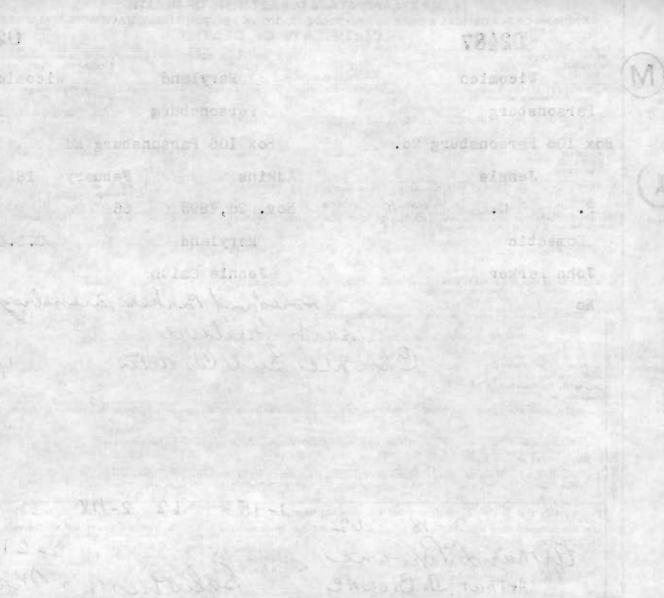
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

82487	CERTIFICAT	E OF DEATH		02477
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where	dacaesad livad, If institution:	Rasidance before admission
a. COUNTY		a. STATE	b. COUNTY	
Wicomico	MARYLAND	Maryland	W1	comico
b. CITY OR TOWN (if outside corporate limi write RURAL and give nearest town)	ts, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	corporata limits, writa RURAL a	nd give nearast town)
70		X Panaanahun		
d. NAME OF HOSPITAL OR INSTITUTION (if not in homital miss street address)	d. STREET ADDRESS	3	. IS RESIDENC
G. NAME OF HOSPITAL OR INSTITUTION (i noi in nospital, give sireer address)			ON A FARM
Box IO6 Parsonsbui	ro Md.	Box IO6 Parso	nshura Md	YES MO
NAME OF First		Last 4. DAT	onsburg Md	Day Year
(Type or print)	Market St. Deliver of the St.	OF DEA		10
Jennie		adkins	rebuary	I8 1962
6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years IFUNDER	
B 0		Te 96 TOOF	n a n	Days Hours Min.
Da. USUAL OCCUPATION (Giva kind of work		Nov. 26,1895	. 00	TIZEN OF WHAT COUNTR
dona during most of working life, avan if retire	d)	II. BIRTHPEACE (County & State	, or loraigh country)	TILLIN OF WHAT COOKIN
Domestic		Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		U.D.E.
John Parker		Jennie Smith		
5. WAS DECEASED EVER IN U.S. ARMED FOR Yas, no, or unknown) (Ifyasgive war or datas of s		INFORMANT	Address	
3.7	arvica)	1 1 1 1	an Dalant	D 9110
1B. CAUSE OF DEATH [Enter only one	The second section (a) (b) and (c)	ugang land	ser jacob	I INDERVAL BETWEEN
	cause per fina for (a), (b), and (c).)	0,0	,	SINSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	NEarh	Jaulere		
	1	1	1.	
DUE TO	(04, 10)	the sales and	1.1	1100 -
Conditions, if any, which (b)	Caronic	getta car w		your
(a), stating the underlying DUE TO				
causa last. (c)				
(6)	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAI	RT 1(a) 1 19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITION 208. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TIONS CONTRIBUTION TO BEATTH BOTTING	of Reported to the femiliary a production		PERFORMED?
\$				YES NO
20a. ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OCCURED	O. (Enter natura of injury in Part I or Pa	art II of itam 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
20c. TIME OF INJURY Month, Day, Ya		ACE OF INJURY (Homa, farm, 2Df. tory, streat, offica bldg., atc.)	(City or town) (Co	ounty) (Stata)
Hour a.m.	Whila Not Whila tack	tory, shear, ornea biogr, are.)		
		2 15 1/5	2/10	1-1-
21. I certify that (I) (this hospi	tal) attended the deceased from.	1-12 19.64	to 4-118 , 19	7.6.1 (I) (we) I
saw the deceased alive on2	- 18 1962 and that	death occured atM, f	rom the causes and on	the date stated abo
220. SIGNATURE		1		1 22b. DATE
arshurd	18 rowne "	A.D. ATTENDING MED.	PHYS. 2	- 2 sign
22c. PHYSICIAN'S NAME (Type)	77 Browne	22d. ADDITESS	1	mdi.
ATTACT.	J. D. OWN C	- Follow	MI O	1100
3a. BURIAL, CREMATION, 23b. DATE THE	REOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. L	OCATION (City town or cour	nty) (Stata)
REMOVAL (Spacify)	TOCO Glass III	3.3	Parsonsburg	343
Burial 2/31/	1962 Glass Hi	LL los prein av ar		SIGNIATURE
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1	GISTRAR 25b. REGISTRAR'S	SIGNATURE
(Victor of Xtilles	3 of Diglis In	DATE FEB 2 3	162 0 7	a finalis

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 mgs be retained by the hospital or attending physician.

TO FUNERAL Discrepance 2 TOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 should be detached for use as the burial, cremation, or removal, and in any event within 72 hours after death. 15M 9/60



dely column witcoulen .at prodepostel col xon 20 July 1988 1988 1988 1988 Englished Committee

This shall shall shall be the terres

Charles of Shire of Sales may

BALTIMORE 1. MARYLAND OMEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) Page a. COUNTY a. STATE b. COUNTY Wicomico es. Wicomico MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) Salisbury Salisbury (Rural) and 3 to the funeral dire .v d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Por . IS RESIDENCE If any delay ON A FARM? refained State Pineway YES NO 3 death. 3. NAME OF Middle Lasl DECEASED the LAWRENCE HAROLD ADKINS FEBRUARY 62 (Type or print) DEATH 19 with 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 9. may 2 with s 1, 2, and 3 age 5 may 1 and 2 wil 72 hours last birthdey) Months Male WIDOWED DIVORCED O 8 ould be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, an Office along with form PM3. Page 5 round-transit permit. File pages 1 and 2 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) pages 1 within Employee-Truck Body Building Works Wicomico Co., Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Sylvester Adkins Amelia C.Adkins event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mr. Marion C. Adkins (Brother) #Route#5 (Yas, no, or unkown) | (If yes give wer or dates of service) Office along with burial-transit permi No certificate should be executed Bennett Road sbury Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and 3rd degree burns entire body IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which "pending" geve risa to immediate cause 10 Examiner's DUE TO (a), steting the underlying as causa last. pesn eq cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION writing the word "

• Chief Medical Ex

Page 3 should be u PERFORMED? Acute alcoholism NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Part I or Part II of item 18.) PRIMARY DI or CONTRIBUTING sitting in chair by completely burned EXAMINER: stove in room that CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yaer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Slela) fectory, street, office bldg., atc.) Whila 0 Not While ed to the 1962 Md. at work at work Home Wicomico 21. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection A Inquiry P and in my opinion DIRECT Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward FUNERAL DIR designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Salisbury, Maryland Addr OF 22c. NAME OF CEMETERY OF CREMATORY NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) its REMOVAL (Specify)
Burial Church Cemetery-R.D. #Salisbury (Walston) Md. 6 Bethel OI 40 23. FUNERAL DIRECTOR **ADDRESS** 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Citing S. Krava SALISBURY MARYLAND DATE MAR 2 '62 5M 7/59 HOLLOWAY & COMPANY

THE PERSON OF TH CHILD CALL BEALDINES CERTIFICATE CERTIFICATE SHAVE TELLOWS EDVENTS - 10 . CO - MC ASSESSED in the first test test the first section of the fir

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

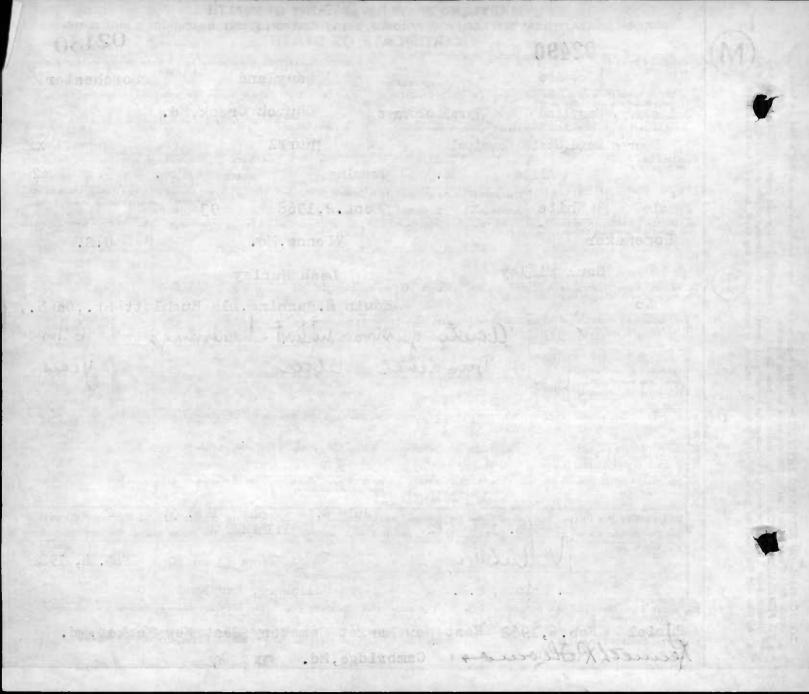
		66462	CERTIFICA	HE OF DEATH			120190
	PLACE OF DEATH	icomico	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary)	- 6 COII	INTY	before admission)
	RURAL and give ne	autside carporate limits, write arest tawn) alisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside carporate limits, wr	rite RURAL and give	nearest town)
	d. NAME OF HOSPIT OR INSTITUTION 2	AL (If not in hospital, give stree 34 North Blv		d. STREET ADDRESS	Worth Blvd.		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	CHARLES	RALPH A	Lost ANDREWS	4. DATE OF DEATH FEE	Month BRUARY	Doy Year 5th 1962
5.	Male	White WIDOV		B. Date of Birth June 30,189	9. AGE (In y last birthd) 68	1	YEAR IF UNDER 24 HRS. Days Haurs Min.
R	etired S	N (Give kind of work done 10bing life, even if retired) alesman_Bull		al Avondale,	Pa.	12. CITIZEN	S A
13.	FATHER'S NAME			14. MOTHER'S MAIDEN I			
	Charles	H.Andrews		Eva Baker	•		
	WAS DECEASED EVER	If yes, give war or dates of service)	. SOCIAL SECURITY NO. 17. 22-09-8744	rs.Katherine Salisb	C.Andrews	s(Wife)2	234 N.Blvd
NOI	Canditians, if at gave rise to it cause (a), stating lying cause last.	nmediate (DUS TO	CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION		(o) 19. WAS AUTOPSY PERFORMED?
L CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	scribe how injury occurr $\mathrm{N/A}$			3.)	YES NO.
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Year 20d. N/A 19 Whil at we	Nat while f	PLACE OF INJURY IHame, form actory, street, affice bldg., etc		(Cau	unty) (State)
	21. I certify that saw the decease 220. SIGNATURE	t (I) (this haspital) attered alive an 2		death accurred at P		es and an the d	22b.DATE
	22c. PHYSICIAN'S NAME (Type)	r.Wilber R.E	llis Jr.	22d. ADDRESS	RECTOR PHYS. D	Feb.	4aryland
23	BURIAL, CREMATION REMBYALLES	N. 23b. DATE THEREOF Feb. 8, 1962-	23c. NAME OF CEMETERY Arlington Ce		23d. LOCATION (City, to Drexel H1]		(State)
24.	FUNERAL DIRECTOR		ADDRESS	25a. REC		REGISTRAR'S SIGN	
H	OILOWAY (& COMPANY S	ALISBURY, MAR	RYLAND DATE F	EB 8 '62	Channel S. 8	Trans

esaso			68920	
			cotmonly	
	DWEST STREET			
	whe more than the			
			te metale probability	
			inentification qual	
		Stange Log Live		
Vales in		mana and		
100				
	m impero very toolog			
			Sect. 1, and 1 Prof.	
	and the Particle Cons			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL Discrepance After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 12 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

	DIVISION		RESEARCH	ND STATE I AND RECORT CERTIFICA	DS, 30	1 W. PRESTO	N STREE	LTH ET, BALTIM	ORE 1,	MARY	LAND	
1.	PLACE OF DEATH	02490				USUAL RESIDEN		decessed lived. I	institution	Resident	before	e dmission)
	. COUNTY	Wicomico		MARYLAND		STATE	land	b. COU	NTY -	orch		/
	b. CITY OR TOWN (f oulside corporete limits,	c. Li	ENGTH OF STAY IN 1	Ь	c. CITY OR TOWN	(If outside co	orporete limits, wr	e RURAL	end give r	neerest tov	vn)
2	Salisbury,	Maryland	7yr	s5mo26days	S	Chur	ch Cr	reek, Md	•	0	91	.2
Ī	1	AL OR INSTITUTION (if no				d. STREET ADDRESS						ESIDENCE A FARM?
	Deer's	Head State	Hospita	1		Rura	1				YES _	
3.	NAME OF DECEASED (Type or print)	Alice		Middle D.	Bann:	ing	4. DATE OF DEAT	773		Dey 3,	Yea 19	62
5.	SEX	6. COLOR OR RACE 7.	MARRIED I	NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In yeer		R 1 YEAR	IF UNDER	R 24 HRS.
]	Pemale	T.TL 2 3	IDOWED.		Sept	t.2.1968		last birthday)	Months	Days	Hours	Min.
100	. USUAL OCCUPATI	ON (Give kind of work	10b. KIND OF	BUSINESS OR INDU	STRY 11.	BIRTHPLACE (Cou	nty & Stete,	or foreign country	12. (CITIZEN O	F WHAT	COUNTRY
ac	Homemal	rking life, even if retired)				Vienna,	Md.			U.	S.	
13.	FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME					
		Saul Wille	y			Leah Hu	arley					
15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES fyes give we ror detes of servi	? 16. SOCIA	L SECURITY NO. 17	. INFO	RMANT		Addre	is			,
	No	Tyong I vo wor or deresor servi	Ce)	E	dwi	n H.Bann	ing, L	14 Hug	nlet	t St	. , Ca	amb.
	PART I. DEATI	EATH [Enter only one cer H WAS CAUSED BY: IMMEDIATE CAUSE (e)	acu acu	(a), (b), end (c).]	tro	- milir	- he	worha	ge	INT	ERVAL BE	TWEEN
	54	DUE TO	1	0		0			1			
	Conditions, if any	, which (b)_	In	odenal		ulcer	/				Yea	21
	geve rise to Immedi (e), steting the un	DIJE TO									y	
z	PART II OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUT	TING TO DEATH BUT	NOT REL	ATED TO THE TERMI	NAL DISEAS	SE CONDITION G	VEN IN PA	RT 1(e) 1	9. WAS	AUTOPSY
IIO											PERFO	NO T
CERTIFICATION	20e. ACCIDENT W	AS LINDERLYING [7] 20	b. DESCRIBE	HOW INJURY OCCUI	RED. (Ent	er neture of injury In	Pert I or Per	t II of item 18.)			11:2	но П
CERT	OR CONTRIBUTING	CAUSE OF DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
WEDICAL (20c. TIME OF INJU Hour e.m.	RY Month, Dey, Yeer	WhileN			F INJURY (Home, fer treet, office bldg., etc		City or town)	(C	County)		(State)
×	p.m.	19			"Ju.	lv 8.	105/1	Feb. 3	. 1	n 62 a	h-4 (1)	(we) las
	saw the deceas	hat (I) (this hospital) ed alive an Peb	· 3,	19.62, and the			11WPMfr					
	22e. SIGNATURE	14.6	ulde	47	M.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.		Feb.	4, 7	DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	L. Mald	ve, M.D).		Salisbu	ry, M	aryland				
23		ON, 23b. DATE THEREO	F 23c.	NAME OF CEMETER	RY OR C	REMATORY	23d. LC	CATION (City, t	own or cou	inly)	(5	iteta)
	REMOVAL (Specify)	Feb. 6. 196	2 Eas	st New M	arke	t Comet	Ont I	est No	Mos	nleat	MA	
24	DUNERAL DIRECTOR			ADDRESS	cu ne	t Cemete	C'D BY REG	ISTRAR 256.	GISTRAR	s SIGNA	TURE	
	remel	LK. Heve	ud 4	1 Cambi	ride	e Mante	FEB.7	'62	Onthe	0 4	,	
							1	7.00		1 16 /10	DOMESTIC OF THE PARTY OF THE PA	

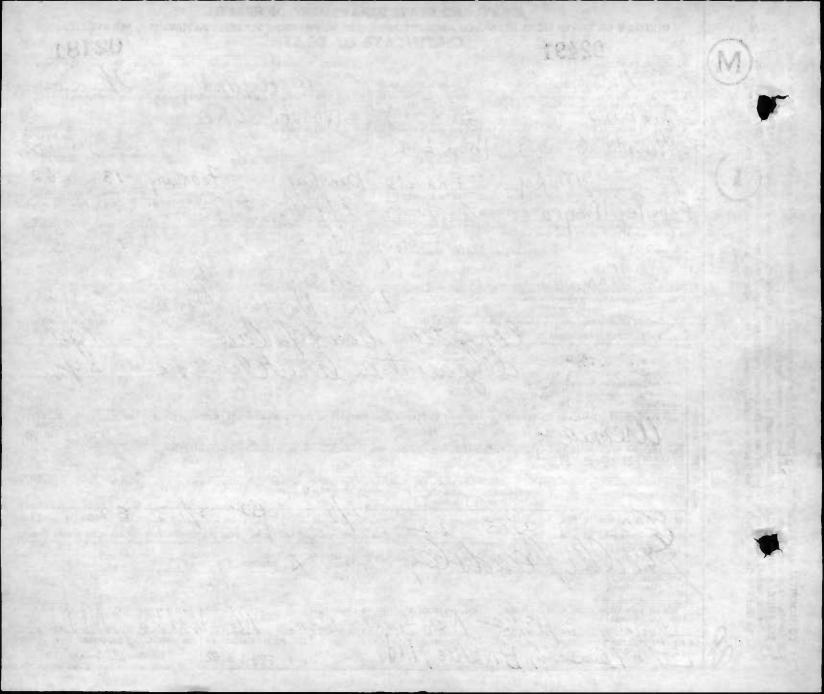


MARYLAND STATE DEPARTMENT OF HEALTH

09704

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	0.43				- VIO.
1. PLACE OF					nstitution: Residence before edmission)
e. COUNIT	Wicomico	MARYLAND	e. STATE	b. COUN	TY W
b. CITY OR	TOWN (il outsida corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporete limits, write	RURAL end give nearest town)
writa RI	URAL and give neerest town)	91.11	V D11	10010	
	5 DUKY	JUK5	1 Varit	COKE	I IC BECIDENCE
d. NAME C	OF HOSPITAL OR INSTITUTION (If not in	n hospital, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
TENIN	sula General	HOSP, EAL			YES NO
3. NAME OF		Middle	Last	4. DATE Month	Day Yeer
DECEASE (Type or pri		FRANCIS	Barclay	DEATH FEBRUA	14 13 1962
5. SEX	6. COLOR OR RACE T. MA	ARRIED NEVER MARRIED 8	DATE OF DIRTH	9. AGE (In years	IN UNDER 1 YEAR IF UNDER 24 HRS.
Fema	le Negro WID	OWED DIVORCED	8/10/18	75 Sast birthdey) yrs.	Months Deys Hours Min.
10a. USUAL C	OCCUPATION (Give kind of work as to of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. ARTHPLACE (Cour	nty & State, or foreign country)	12, CITIZEN OF WHAT COUNTRY?
		inding tactory	10.	MANE	10101
13. FATHER'S	91.11	6	14. MOTHER'S MAIDEN	To Water	1 400
	EASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17, 1	NEORMANT	Address	7 14 14 1
(Yes, no, or un	(Ifyesgivewerordetesofservice)	Lil	Mian Nut	ter, Nan7	racke Mo.
18. CAU	SE OF DEATH [Enter only one ceyse	per line for (e), (b) And (c).)	1 1-1	A	INTERVAL BETWEEN
PAR	T I. DEATH WAS CAUSED BY:	Inspelle 1	2004 TA	allell	191
	DUE TO	1 1	01	1-12	A.
Can titian		100000000011	10. 1/10010	HU saline	541
	s, if any, which to immediate causa	Server Court	w greeco		
	ng the underlying DUE TO				
ceuse lest					
Z PARE	II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
TE /	Cremia, -				YES NO
20e. ACC OR CONTI	IDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED	. (Enter netura of injury in	Pert I or Pert II of itam 18.)	
	RIBUTING CAUSE OF DEATH , NOTIFY MEDICAL EXAMINER)				
3 20c. TIMI		· ·	CE OF INJURY (Home, feri		(County) (State)
		While Not While tact	ory, street, office bldg., etc		
			2/1	152	3 16 Fee (1) (ma) last
21. 1 96	ertify that (1) (this hospital) a	. 1 2-	/	19 10	, 19, That (I) (we) last
1 / 2		and that	death occured alia.	pM, from the causes	and on the date stated above.
210. SIG	MATURE //// ///	a. Dolla		MED. STAFF	22b. DATE SIGNED
1	ELLIVE FEI	MELLEN M	.0.	DIRECTOR PHYS.	
	SICIAN'S ME (Type)		22d. ADDRESS		
1	1.46.5				
	CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, to	wn or county) / / (State)
REMOVAL	(Specify) 9 /18/6	21 /12/1/20	he cem.	162 4166	Ke NO.
24 FUNERAL	DIRECTOR'S SIGNATURE	ADDRESS 1/4	25e. RE	C'D BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
100	Manich 14	1/2/1/8,110.	DATE		Cirling S. Flrank
11-11	1 1 1 1 1 1	1 - 131 11 - 11	DAIL	LED 1 0 000	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{1}{2} \in \text{death}\$. Page 4 may be retained by the hospital or attending physician.

\$\frac{2}{2} \in \text{IONERAL D}\$ CION: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

2		LAND STATE DE				OSA	444	
	DIVISION OF STATISTICAL RESEA	CERTIFICATI		N STREET, I	BALTIMORE 1, N	GRIT	102	
1 1	U2492 Ite	m 7 Film G307	2/19/62	iwk		Dooldones	hofoso o	desission
	COUNTY		a. STATE		b. COUNTY	Kasigence	perore at	14112210111
	Wicomico	MARYLAND	Mary Mary	land		icomi	co	
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora	ala limits, write RURAL er	nd give ne	erest low	1)
	write RURAL end give neerest town) Salisbury	254 days	X Tyaskin					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hose		d. STREET ADDRESS			1	e. IS RE	SIDENCE
	Deer's Head State Hosp:		Pouts #	7			ON A	FARM?
3.	NAME OF First	Middle	Route #	4. DATE	Month	Day	Yeer	X
	DECEASED			OF DEATH				10
	(Typa or print) Willie	Α.	Barkley		Feb.	9	19	62
5.		NEVER NA RIED 8	DATE OF BIRTH		AGE (In yeers IF UNDER	Deys	Hours	Min.
	Female Colored WIDOWE	O O VORCED	3/4/1%	10	7 Syrs.	Doys	- Iours	144119
10a	. USUAL OCCUPATION (Give kind of work 10b. KI	ND OF USINESS OR INDUSTR	Y 11. BIRTHP ACE (Coun	ty & Stete, or fo	reign country) 12. Cl	ITIZEN OF	WHAT C	OUNTRY?
uoi	ne dering most of working life, even if retired)	n Nome	1/1-44	172	1 7	1		
13.	FATHER'S NAME	11 / (0111)	14. MOTHER'S MAIDEN	NAME				-
	Lelille Ton	~ _	1/70		1000 = =			
15.	M11112m 10n		1100110	-/ 0	101160			
	WAS DECEASED EVER IN U.S. ARMED *** (RCES? 16) s, no, or unkown) (Ifyesgivewarordetesofservice)	SOCIAL SECURITY NO. 17.	INFORMANT	+	Address	1/-11	0-	11,
	7	- 17	70 Kth (10713-	S, Whiteh	YO V	3h,	1/2
	18. CAUSE OF DEATH [Enter only one ceuse per li	ne for (a), (b), and (c).]	7				RVAL BET	
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Art	eriosclerotic	cardio vascul	ar dis	ease		ears	
	DUE TO							
	A mat	eriosclerosis,	general				?	
	geve rise to immediate cause	01 1100 0110 0110,	8011011				•	
	(a), stating the underlying DUE TO							
	couse last. (c)							THE DAY
ő	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CO	ONDITION GIVEN IN PAR	RT 1(a) 19	PERFO	RMED?
CAT						YE	S 🗍	NO 🔭
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURED), (Enter nature of injury in	Part I or Pert II o	f item 18.)			
E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
4	20c. TIME OF INJURY Month, Day, Year 20d.	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, fern	n, : 20f. (City o	r town) (Co	ounty)	(State)
MEDICAL	Hour a.m. While		tory, street, office bldg., etc	.)				
M	p.m. 19 at work		36 27	/3		10		
	21. I certify that (I) (this hospital) attended	ded the deceased from.	May 31	1901, to	Feb. 9 19	752., th	at (I) (we) last
	saw the deceased alive on Peb. 9	19.62, and that	death occured at	M, from	the causes and on	the dat	e stated	above.
	22e. SIGNATURE			MED.	STAFF		22b.	DATE
	V. Merma	n M		DIRECTOR [PHYS.	2	19/6	
	22c. PHYSICIAN'S		22d. ADDRESS			- 1	, ,,	
	NAME (Type) V. Juerman, M.	D.	Deer's He	ead Hosp	ital; Salis	bury,	Md.	
720	BURIAL, CREMATION, 236. DATE THEREOF	23c, NAME OF CEMETERY		-	ION (City town or cour		1 ,(SI	ete)
∠38	REMOVAL (Specify)	4/1/ H	1 / 000	1//:1	- Hymn	N	11.	
	170x121 10x/14/8-	1/11/6/70	ISN C.CIII.	WAI	el and	1.6.	10	
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC	C'D BY REGISTR			JKE	
1	11 1 1 Jours, L	143/15/1	DATE	1 3 '62	Unimer &.	Mana		

SELECTION OF THE PROPERTY OF T the state of the s - Part Barbara THE STATE OF THE S - Determine the second and the second s

VR A1S (4) 1SM 9/S9

MARYLAND	STATE	DEPARTMENT	OF HEALTH
TALLOS STATISTICAL	DECEADOL	AND DECORDS	DALTIMODE 1 MAAD

DIVISION OF CERTIFICATE OF DEATH

PLACE OF DEATH				ICAIL	OF DEA				2483
o. COUNTY Wic		MARY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Wicomico					
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		rote limits, write R	114,57	AAAAA SILSE
Fruitla		ive street or	32 yr	s. /	d. STREET ADDRES	lisbury			a IS DESIDENCE
OR INSTITUTION	sburv Rte	11-	outessy		Rt.				e. IS RESIDENCE ON A FARM? YESU NO
NAME OF	Fir		Middle		Last	4. DATE	Mon	th	Day Year
(Type or print)	MINNT	E	IDA		BOUNDS	OF DEATH	2	2	19 6
SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRI		ATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Day	AR IF UNDER 24 H
Female	White	WIDOWED	76-			1879	83 yrs.		
during most of work	N (Give kind of work ng life, even if retired	done 10b. K	TIND OF BUSINESS C	OR INDUSTRY	111, BIRTHPLACE (Stote or toreign c	ountry)	12. CITIZEN	OF WHAT COUNT
Housewife			Own Home	1.	4. MOTHER'S MAID	ryland		U.	S.A.
	Mills	crea la c	OCIAL SECURITY NO	12 010	NA A NIT	Charlot	te Jenkir		
WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s		OCIAL SECURITY NO). 17. INFO	RMANI		Add	ress	
NO			NONE	cı	aude L.	Bounds		SAME	
18. CAUSE OF DEA	TH [Enter only one co	use per line	for (o), (b), ond (c).					1	TERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	Do	generation	e ca	lin vos	cular	diseas		6 mis
4-53	DUE TO	40	0						
Conditions, if or	w which)	GI.	. lin	1 1	TINA	elenses			? 4-
gove rise to in	mediate	1	migo je	0	true is	the tipe			· p
couse (o), stoting t	he under: DUE TO	,	0						
lying couse lost.) (c								Tio was auton
PART II. OTH	ER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DE	AIH BUI NO	T RELATED TO THE	FERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	PERFORMED?
									YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (E	inter noture of injui	ry in Port 1 or Por	t 11 of item 18.)		
20c, TIME OF INJURY	Month, Doy, Ye		JURY OCCURRED		OF INJURY (Home,		or town)	(Count	y) (Ste
p. m.	19	While of work	Not while of work	1001017	, sileer, office blug	., 610.,			
21 Leartify the	(I) (this hospital	Hattende.	d the deceased	from N	20016	1det) 10 1	Glv. 28	10/02	that (I) (we) la
		1. 19			th accurred at				te stated above
220. SIØNATURE	ed alive an	V	and	rnar aear	n accurred ar	, rram	the causes an	a an the aa	22b. DATE
220. SJOINATORE	1-7	210			ATTENDING	MED.	STAFF		2 / SIGN
Ros	1/10	100	100	M.D.		DIRECTOR _	PHYS.		26 Feb
NAME (Type)	0				22d. ADDRESS				
	Robert T.	Adki	ns M.	D.	Fr	uitland		Maryl	and
BURIAL, CREMATION	V. 23b. DATE THEREC	OF .	23c. NAME OF CEM	ETERY OR CE	REMATORY	23d. LOCA	TION (City, town,	or county)	(Stote)
REMOVAL (Specify)	2/28/19	62	Allen C	emeter	*17	AT	len. Mary	rland	
		- ~	ADDRESS	-emeret		REC'D BY REGIS		STRAR'S SIGNAT	TIDE
FUNERAL DIRECTOR'S	SIGNATURE		ADDKESS		1 400.	KLC D BI KLOIS			UKL
	SIGNATURE	-		arylar		E WAR 2	0.0	ithur 8. H	

		10.00	
	THE US - 614 1 1		
Name of State of Stat	•		
	andrewster h		
Miles in the leader of the last	to the Australia		
		Date Co	
		ar games it so	
The state of the s			AVAILA (AVAILA)

funeral 90 pue physician please aftending and Then levoi the signed by physici certificate as After TOB: S death. Page 4 I I FUNERAL L director, part AND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY WICOMICE WICOMICO MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) AliSDURY IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? GENERA Route YES NO 4. DATE Month DECEASED OF (Type or print) DEATH 5. SEX AGE (In years | IF UNDER 1 YEAR 7. MARRIED TO lest birthdey) Months Deys WIDOWED 10e. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if retired) Farming Siloam(Wico.Co.)Md Farmer 13. FATHER'S NAME Ernest Bounds Belle Bounds Bounds 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.I Mrs. Grace O.Bounds (Wife) R.D.# 1(Siloam (Yes, no, or unkown) | (If yes givawar or dates of servica) Unk Salisbury, Maryland 1B. CAUSE OF DEATH [Entar only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 15 m IMMEDIATE CAUSE (a) geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN AUTOPSY CERTIFICATION PERFORMED? NO X

20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.)

20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m.

attended the deceased from 2/2 1962 to 2/2 1962 that (1) (we) last 21. I certify that (I) (this hospital) 1962 and that death occured at 10.35%, from the dayses and on the date stated above. saw the deceased alive on..... 22a. SIGNATURE 2nd/62

Feb.

(Stete)

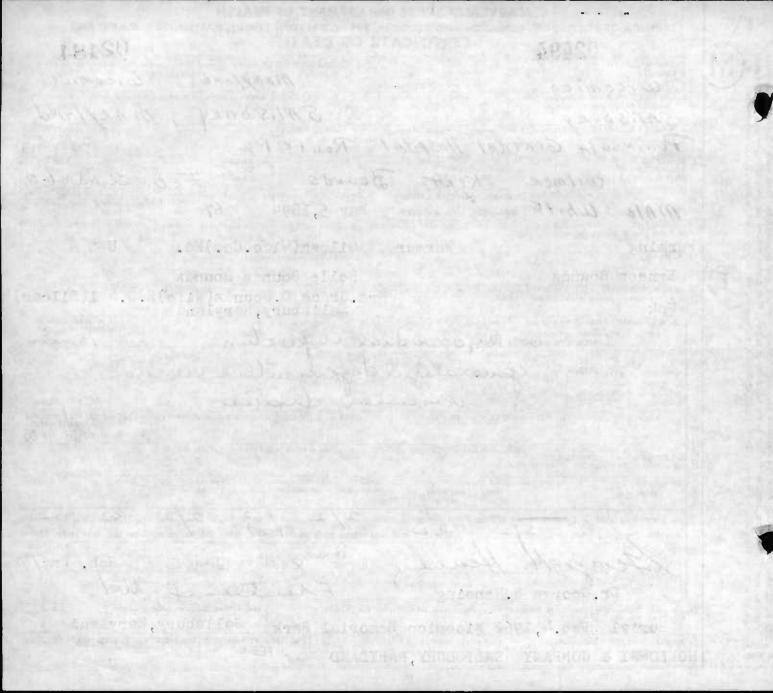
ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type

23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify)

Salisbury, Maryland Wicomico Memorial Park ADDRESS

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE FEB 6 SALISBURY, MARYLAND COMPANY DATE

VR A15 (4) 15M 9/60



VR A1S (4) 15M 9/60

5. SEX

FEMALE

10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yas, ng, os unkown) | (If yes give war or dates of servica)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

18. CAUSE OF DEATH [Enter only one cause per line (or (3), (b), and (c).

DUE TO

DUE TO

Month, Day, Yaar

UUSE 13. FATHER'S NAME

> Conditions, if any, which gave rise to immediata causa

> (a), stating the underlying

20c. TIME OF INJURY

Hour a.m.

TONATURE

au

PHYSICIAN'S

REMOVAL (Specify)

NAME (Type)

23a. BURIAL, CREMATION, | 23b. DATE THEREOF

p.m.

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

cause last.

CERTIFICATION

228

22c.

MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECOR	DEPARTMENT OF HEALTH RDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
CERTIFICA	ATE OF DEATH	02485
PLACE OF DEATH 02495 o. COUNTY	2. USUAL RESIDENCE (Whara deceased lived, If institution a. STATE b. COUNTY	
WICOMICO	MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL	REESTER
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)		and give naarast town)
DALIS QUAU d. NAME OF HOSPITAL ORUNSTITUTION (if not in hospital, give street address)	BERLIN d. STREET ADDRESS	IS RESIDENCE
PENINSULA GENERAL HOSPITAL	CEDAR AVENUE	YES NO
NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yaer
(Type or print) IDA LEE BE	RITTINGHAM DEATH FEBRUARY	24 1962
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UND	ER I YEAR IF UNDER 24 HRS.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19.

20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.)

20e, PLACE OF INJURY (Homa, farm,

2 -

PHYS.

M.D.

23c. NAME OF CEMETERY OR CREMATORY

factory, street, offica bldg., atc.)

ATTENDING

22d. ADDRESS

WIDOWED >

16. SOCIAL SECURITY NO.

20d. INJURY OCCURRED

Not Whila

et work

While

21. I certify that (I) (this hospital) attended the deceased from......

at work

WAS AUTOPSY

PERFORMED?

NO X

(Stata)

22b. DATE

(Steta)

SIGNED

last birthday)

20f. (City or town)

STAFF

PHYS.

23d. LOCATION (City, town or county)

250. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

.....196.2, and that death occured at 4. A.M. from the causes and on the date stated above

MED

DIRECTOR

Months

Days

(County)

12. CITIZEN OF WHAT COUNTRY?

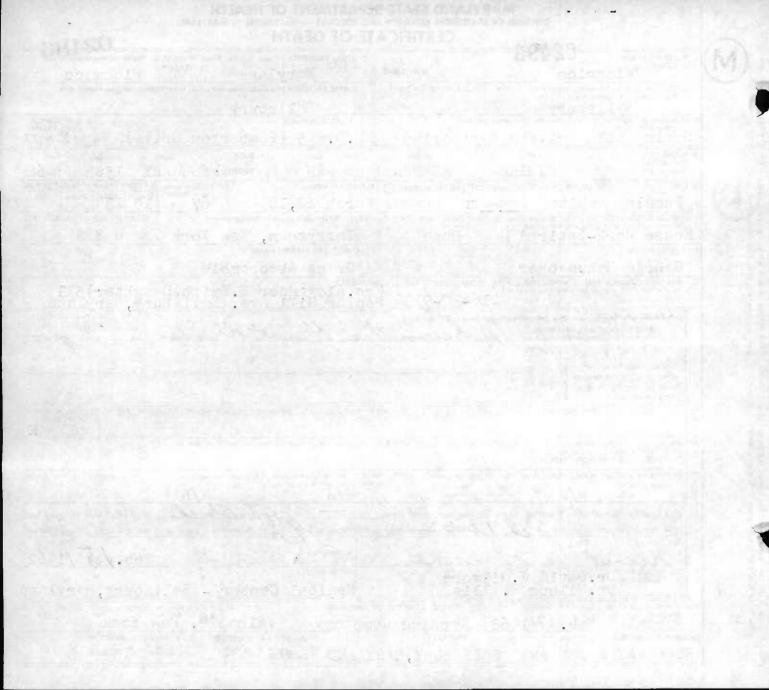
GOAST) , » , s A NOVIENBLE BE-HOUSEWIFE DWA HOME DEALIN MORFO UST JOHN M. RAYNE ELLEN TIMMONS Wise deep the MR LOVIS BRITTINGHAM February of a sevendering tentement arten preliented Heart alleraces Kan I Lake BURIAL STEDIST BUCKINGHAM BERLIN PA Armen A. Berdrege Beden My me 1 se

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTI	FICA	TE	OF	DE	ATH

00100	CERTIFICA	IE OF DEATH		02490
PLACE OF DEATH		2. USUAL RESIDENCE (Who	ere deceased lived. If institution	Residence before admission)
o. COUNTY Wicomico	MARYLAND	a. STATE Maryl	h COUNTY	Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporote limits, write RUF	RAL and give nearest town)
Salisbury	-44	Salis	bury	e. IS RESIDENCE
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION Spring Hill Private Sa		R.D.# 5 (P	emberton Dri	ON A FARM?
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yeor
(Type or print) MIRIAM	HUNTER	BROGAN	DEATH FEBRUAR	Y 15th 1962
S. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
Female White widows		March 22,18	94 67 yrs.	Months 23s Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work-Retired	None	Tarrytown	, New York	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
George Schumacher		Grace Abe	crombie	
(Yes, no, ar unknown) (If yes, give war or dates of service)	16 20 0722		r R. Smith (Da Ave. Salisbu	ughter)511
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS C	Cheuma on tributing to death but	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO NO
20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. In Haur a. m. N/A 19 While of warl	Not while fo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.	20f. (City or town) N/A	(Caunty) (State)
	led the deceased fram. 2 196 2 and that a lunare 1118	M.D. PHYS. MEDING MEDIN	ED. STAFF RECTOR PHYS.	in the date stated above. Feb. 15/1962 Sbury Maryland
236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Feb. 17/1962	23c. NAME OF CEMETERY C	or CREMATORY emetery	23d. LOCATION (City, town, ar	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'E	BY REGISTRAR 256, REGIST	RAR'S SIGNATURE
HOLLOWAY & COMPANY S.	ALISBURY, MAR	RYLAND DATE ES	1 9 '62 Cirth	wer S. Fireur



VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

PLACE OF DEATH a. COUNTY	Wicomico		MARYLA		JSUAL RESIDENCE (Vo. STATE Mary	Where deceased land	b. COUNTY		before admi	
b. CITY OR TOWN RURAL ond give	(If outside corporate liminegrest town) Hebron	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (I		rote limits, write R	URAL ond give	e nearest tow	vn)
d. NAME OF HOSP OR INSTITUTION	R.D.#	jive street	address)	1	d. STREET ADDRESS R.D.	#			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	fii ED!		Middle MAE		BUDD	4. DATE OF DEATH	FEBR		Doy 14th	Year 1962
5. sex Female	6. COLOR OR RACE	7. MARE	ED DIVORCED	-	y 17, 190)3	9. AGE (In years lost birthday) 58 yrs.	Months 2	YEAR IF UNI	_
100. USUAL OCCUPAT during most of wo House W 13. FATHER'S NAME	rking life, even if retired)	None		11. BIRTHPLACE (STOWN OF COMPLEX CONTROL OF CONTRO	Co.Ma			N OF WHAT	COUNTRY
Ira Bow	nes				Annie Ca	rev				
1S. WAS DECEASED EV	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		.Charles	Budd	(Husband	ä)R.D.	#	
Conditions, if gove rise to cause (o), stoting lying couse lost	the under. DUE TO	ar	oronar luws eler	r li	7 Le ar	en -			201 24e	us
ICATIC			CONTRIBUTING TO DEATH					EN IN PART 1	PERF	ORMED?
	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Er	nter noture af injury	in Port I or Por	f II of item 18.)			
20c. TIME OF INJU	TAT /A 10	ar 20d. II While of wor	Not while	foctory,	of INJURY (Home, for street, office bldg.,	etc.)	or town) N/A	(Cou	unty)	(Stote
	21. I certify that (I) (this haspital) of tended the deceased from 200 1955 to 700 1965 that (I) (we) loss saw the deceased alive on 1965 and that death occurred at 0000, from the causes and on the date stated above.									
220. SIGNATURE	Kuhler	can		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. F	. 10	7/1	226. DATE SIGNEI
22c. PHYSICIAN'S NAME (Type)	Dr. H.S.K	uhlm	an		Sharptov	m, Ma	ryland			
23a. BURIAL, CREMATI REMOVAL (Specif Burial			23c. NAME OF CEMETE Mardela				tion (City, town,			and
24. FUNERAL DIRECTO			ADDRESS			EC'D 8Y REGIS	TRAR 2Sb. REGI	STRAR'S SIGN	IATURE	
HOLLOWAY	& COMPAN	Y S	ALISBURY. M	ARYT	AND DATE	FEB 1 9 '6	52 C	Thun S. 9	traces	

And I - 1 . DV 221 EQUI (free front blicker a beauty, the movement of the property of the second and the same

MARYLAND STÁTE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAI

CERTIFICATE OF DEATH

MORE	1, MARYLAND	02488

40/00	
1. PLACE OF DEATH o. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 17 days	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Deer's Head State Hospital	d. STREET ADDRESS 206 S. Naylor Street e. IS RESIDENCE ON A FARM? YES \(\subseteq \) No (3)
3. NAME OF First Middle DECEASED (Type or print) Verma Della	Cannon de Tebruary 15 19 62
5. SEX Female 6. COLOR OR RACE White Widowed Divorced	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Nov. 24, 1904 57 yrs. Months Days Hours Min.
	US A 11. BIRTHPLACE (Stote or foreign country) Somerset Co. Maryland US A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Hampton Greene	Verna Bloodsworth
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. [17] (If yes, give wor or dates of service) [18]	r.Edward S.Cannon(Husband)206 S.Naylor Street Salisbury, Maryland
Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (b) DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Cerebral thrombosis and diabetes	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I ar Part II of item 18.)
	PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) actory, street, affice bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram saw the deceased glive on Feb. 14 19 62, and that 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) L. V. Maldve, M. D.	Jan. 29 1962, to Feb. 15 1962, that (I) (we) last death accurred at 4A:M, from the causes and an the date stated abave. M.D. ATTENDING MED. DIRECTOR STAFF 2/15/62 SIGNED 2/20. ADDRESS Deer's Head Hospital; Salisbury, Md.
23a. BURIAL, CREMATION, RATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) Feb. 17.1962 Parsons	OR CREMATORY 23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY, MAI	RYLAND DATEFER 1 9 '62

VR A15 (4) 15M 9/59

WINESELL CHARLES THE STATE OF T A SELECTION AND ADDRESS OF TAXABLE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH pino I. PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Wi comi co MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) executed within 24 Salisbury, hours after Maryland d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) H ad State Hospital Deer s 3. NAME OF Middle DATE Last Month DECEASED Herbert Feb. (Type or print) Chan ce DEATH carbon AGE (In years | IF UNDER 1 YEAR 5. SEX B. DATE OF BIRTH 7. MARRIED NEVER MARRIED and last birthdey) Male WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) TARMER D 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service signed by the physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY: Recurrent cerebral thrombosis JMMEDIATE CAUSE (e) burial-transit Arteriosclerosis general affending peen Conditions, if eny, which (b) gave rise to Immediate cause DUE TO (e), steting the underlying the bur burial, has cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) | 19. WAS AUTOPSY certificate CERTIFICATION SE use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20f. (City or town) factory, street, office bldg., etc. While Not While Hour e.m. et work et work Crown of b p.m. 21. I certify that (I) (this hospital) attended the deceased from Feb. 1902, to Feb. ... and that death occured a .: O. ... from the causes end on the date stated ebove. saw the deceased alive on. F 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. death. Page 4 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Salisbury, Maryland director, p 23c. NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. REMOVAL (Specify) 1000 24 FUNERAL DIRECTOR'S SIGNATUR 25e. REC'D BY REGISTRAR VR A15 (4) 15M 9/60

e. IS RESIDENCE

YES NO SO

Yeer

19

INTERVAL BETWEEN ONSET AND DEATH

years

(County)

hrs.

PERFORMED?

NO A

(Stete)

22b. DATE

IF UNDER 24 HRS.

Dey

U.S.A

11

ON A FARM?

(.6.80) Taddat bradysany FASTON, KURAL K.ED. AUSTIS/1882 - 57 STULY SEED L. S. M. KEILERED PRATER PANAAT Charles Chance LAURA KANIT 211-38 oset his Eline Chances Esta Wil The state of the s V. Juerusu - De Maria de la companio del la companio de la compani NET STEEL ST Burne delp-60 word lawy Center on I stanfelow yearses white to

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		00500	CERTIFIC	AIE	OF DEATH						
	PLACE OF DEATH o. COUNTY	Wicomico	MARYLAN		o. STATE Maryl		l lived. If institution b. COUNTY	on: Resider Ken		e admiss	ion)
	b, CITY OR TOWN RURAL and give	(If outside corporate limits, wrinearest tawn)		1b	c. CITY OR TOWN (If		rote limits, write R	URAL ond	give nea	rest towr	1)
	Salish	oury	301 days		Chester	town,			14)	10	_
	d. NAME OF HOSP OR INSTITUTION Deer's	ITAL (If not in hospitol, give sti lead State Hosp	reet oddress) Dital		d. STREET ADDRESS RD 2 - F	airlee					FARM?
3.	NAME OF DECEASED (Type or print)	First George	Middle Clevelar	nd	Lost Coleman	4. DATE OF DEATH	Mon Feb:	ruary	Do		Year 1962
5.	Male	771 7 1	MARRIED NEVER MARRIED OWED DIVORCED	-	1/18/1884	4.5	9. AGE (In years last birthday) yrs.	Months Months	Days	Hours	ER 24 HRS Min.
100	during most of we Handy	rking life, even if retired)	10b. KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stote Maryland		ountry)		SA	WHAT	OUNTRY
13.	FATHER'S NAME			14	MOTHER'S MAIDEN	NAME			4		
	Thomas	Coleman				We	lls				
	WAS DECEASED EV	/ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	7. INFOR	MANT Hosp:	ital R	ecords Add	ress			
7	Conditions, if gave rise to couse (a), stoting lying couse lost	g the under: DUE TO	Cerebral thro						3	day	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Diabetes mellitus YES NO PROPERTOR NO PROPERTOR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PROPERTOR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PROPERTOR PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PROPERTOR PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PROPERTOR PART III. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PROPERTOR CONTRIBUTION										
	20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING 20b. IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCL	JRRED. (E	inter noture of injury in	Port I or Port	t II of item 1B.)				
MEDICAL	20c. TIME OF INJU Hour a.m. p. m.	. 10 W	d. INJURY OCCURRED 20e hile Nat while work at work		OF INJURY (Home, farm, street, office bldg., etc		or town)		(County)		(Stote
	saw the dece	77-1	ended the deceosed from 5 19 62 and the		pril 10 19					stoted	bove
	22a. SIGNATURE	Well	M.D.								
	22c. PHYSICIAN'S NAME (Type)	L. V. Maldy	re, M. D.		Deer's Hea	ad Hosp	oital; Sa	lisb	ury,	Md.	
1	REMOVAL (Specif	1 2/8/62	23c. NAME OF CEMETER	RY OR CR	A De	POC	MON (City, town,	or caunty)		(Sto)	re)
24.	FUNERAL DIRECTO	R'S SIGNATURES	ADDRESS He	A.	DATE 250. REC	BY REGIST	RAR 2Sb. REGI	STRAR'S S	GNATUI , / www	RE Adio	

A STATE OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

- 4							
,		PLACE OF DEATH COUNTY Wicomico County MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. STATE Maryland b. COUNTY Queen Anne 1 s				
	ŀ	b. CITY OR TOWN (if oulside corporate limits, write RURAL and give neerest lown)	c. CITY OR TOWN (If outside corporata limits, write RURAL and give naarast lown)				
1	-	Salisbury 881 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS 0. IS RESIDENCE				
	2	Deer's Head State Hospital	ON A FARM? YES NO YES NO Year				
-		NAME OF First Middle DECEASED (Type or print) Thomas —	COOPER Last Month Dey Yeer OF DEATH February 5, 19 62				
	S.	Male Colored WIDOWED DIVORCED	Dec. 30, 1889 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.				
	dor	. USUAL OCCUPATION (Give kind of work and uping most of working life oven if refired) Abox CR WAVELMAN	Maryland U.SA.				
)		Charles H. Coorer	RACLE HAZEITON				
		was deceased ever in U.S. Armed Forces? 16. Social Security No. 17. I. (Ifyes give were detes of service) 322-09-0355	JAMES COPER- Grasainle, Md.				
		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PRECURENT CEREBRAL DUE TO	thrombosis Interval Between onset and Death 3 days				
		Conditions, if any, which gove rise to immediate cause (b) Hypertensive arter DUE TO ease	iosclerotic cardiovascular dis- ?				
)	CERTIFICATION	(0)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
		200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Part II of item 1B.)				
	MEDICAL	Hour a.m. While Not While factor at work at work	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)				
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Feb. 5, 19.62, and that	death occurred at 15. 15 from the causes and on the date stated above.				
		220. SIGNATURE V. Julium M.	ATTENDING MED. STAFF				
1		22c. PHYSICIAN'S NAME (Type) V. Juerman, M.D.	Deer's Head State Hospital Salisbury, Maryland				
		REMOVAL Specify 2-8-62 23c. NAME OF CEMETERY OF CEMETERY OF CEMETERY	OR CREMATORY 23d LOCATION (City, town or county) (State) Cen, GRASCOVILLE, Md.				
	24	FUNERAL DIRECTOR'S SIGNATURE SILL - FASTON, MI	DATE FEB 13 '62 25b. REGISTRAR'S GIGNATURE				
	1						

glenna venut databaron shade beni a taosa 144 1989 1 of 390 X 1850 LABORES WHESpines Charles H. Coeres THELD MARCHEN No - Sea-of the James Cooker Steaming My. Caralymone description of the same of the same of GRASCAVILLY Mo. LORAL St. 5 Co. . Tilbraca Com James Geresolic Cl - Freder, may

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXLA CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY b. COUNTY WICOMICO MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerast town) c. LENGTH OF STAY IN 16 write BLIRAL and give, neerest town) 35 min filled NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDÊNCE d. STREET ADDRESS ON A FARM? YES NO W NAME OF Yeer DECEASED (Type or print) DEATH 1962 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR FE LINDER 24 HRS 7. MARRIED NEVER MARRIED pue carbo last birthdey) Hours WIDOWED DIVORCED physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retired USA WASHINGTON HOUSEWIFE 13 FATHER'S NAME MELVINA BOUILOUX EDWARD) 15. WAS DECEASED EVER IN U.S. ARMED PORCES? 16. SOCIAL SECURITY NO. 2 GREENINAY AVENUE (Yes, no, or unkown) | (If yes give war or detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse pen line for (a), (b), and (c) è ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating tha underlying 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? as NO F 2De. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) factory, street, office bldg., atc.) While Not While Hour a.m. at work | et work TOR: PM. from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. HOSPITAL sath. Page 4 FUNERAL 22d. ADDRESS 23d LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ERIAN 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arihun S. France 15M 9/60 OCOMOKE CI

* # a When it is the sylvens here of the state of the Salisburg allisation Freemore enry 1 Ellinsoln Control Hespital 25 Freening Honores X Bushing I Custis February 1 - 62 IN PIRE FLAT temple white LINEHINGTON US.A. HOUSELDIKE MELVINA BOOILOOK EDURED JOLLY 32 ERTFURNAY ALCHOR NODE A.J. CHSTISJE PROMOSE WYS, MD the state of the contract of the Louzann H. FishER, TR. BURNEY SHEELY FREELY FRIEND PERMICKE OF MARGINER grapes of the descent pocone to leaf and.

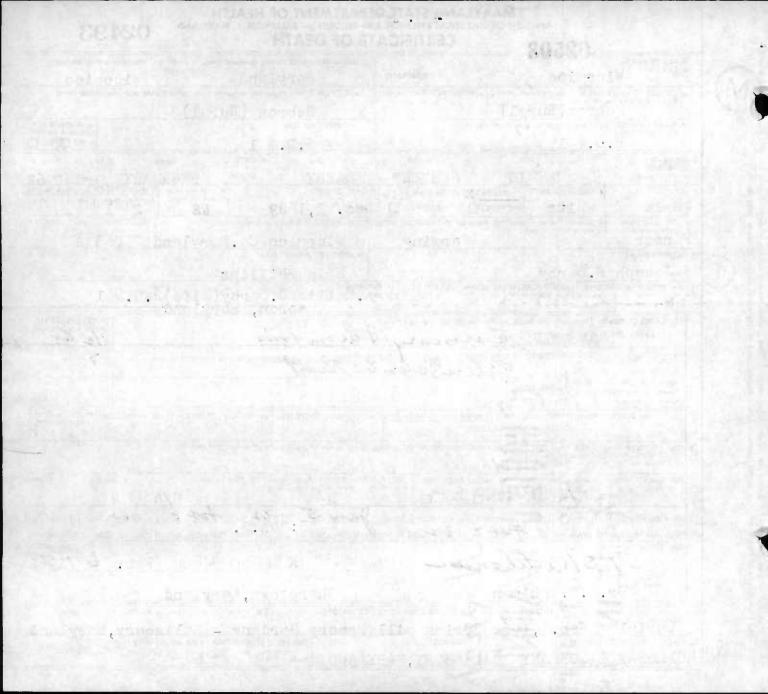
CEDTICICATE OF DEATH

02493

1.		3.	S. :	10a	1S. (Ye	MEDICAL CERTIFICATION	24.
	(I	X		(T)	(1)	0	0
director, ed with		d in by the	etely fille s. Pages fter death.	orbon papers in 72 hours of	ing physicic se remove o event, with	TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detected for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shoot a slied within the State Baard at Health prior to burial, cremation, or removal, and in ony event, within 72 hours ofter death.	TO FUN page the Ste
Poge 4	er death.	4 haurs aft	within 2	be executed	h certificate	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Poge 4	TO HOS

12503 CERTIT	CAIL OI DEAIII
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
d. COUNTY Wicomico MARYLA	o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron(Rural)	
	Hebron (Rural) d. STREET ADDRESS e. IS RESIDENCE
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION R. D. # 1	R.D.# 1
3. NAME OF First Middle	Last 4. DATE Month Day Year
OFFICE (Type or print) LEWIS HERBERT	T DARBY OF DEATH FEBRUARY 3rd 19 6
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 He last birthdoy) Months Days Hours Min
Male White WIDOWED DIVORCED	□ Dec. 2,1893 68 yrs. 2 1
10a. USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTR
Farmer Farming	Wicomico Co. Maryland U S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph P.Darby	Ella Phillips
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give wor or dates of service)	Mrs. Nellie D. Darby(Wife)R.D.# 1 Hebron, Maryland
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: 70	ONSET AND DEATH
IMMEDIATE CAUSE (o)	12 m
Conditions if any which) Atlants of	, + 1) +
to the state of th	rouc/uny
gove rise to immediate cause (a), stating the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING ON CONTRIBUTING	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES \(\subseteq \text{NO} \(\begin{array}{c} \text{VES} \sqrt{\text{NO}} \\ \text{NO} \\ \text{VES} \sqrt{\text{NO}} \\ \text{NO} \\ \text{VES} \sqrt{\text{NO}} \\ \text{NO} \\ \text{VES} \sqrt{\text{NO}} \\ \text{NO}
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature af injury in Port I or Port II of item 18.)
	0e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Sto
Hour o. m. NT /A While _ Not while _	foctory, street, office bldg., etc.)
p. m. N/A 19 of wark of work	N/A N/A
21. I certify that (I) (this haspital) attended the deceased for	8.30 A M
	hat death occurred atM, fram the causes and an the date stated abov
220. SIGNATURE 1 S / Sullman	M.D. ATTENDING MED. STAFF PHYS. Feb. 6 /1962
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typer.H.S.Kuhlman	Sharptown, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	
REMOVAL (Specify)	
Burial Feb. 6, 1962 Spring H: 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	111 Memory Gardens - Salisbury Maryland
TIOTT OILLE O GOOD ASSESSMENT	FED 8 162 Challer & Thomas
HOLLOWAY & COMPANY SALISBURY, N	MARYLAND DATE PED 02

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02494

	09501										
1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLAN	0	STATE	Mary		lived. If instit b. COUN	ution: Resident	ce before or	
b. CITY OR TOWN (If RURAL ond give neo			NGTH OF STAY IN	1b c.			sbury		RURAL and g		
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, gi	ve street address	reet) d.	STREET AD	DRESS	Liber			C	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	Firs ROFELI		Middle SABELLE	D!	Lost		4. DATE OF DEATH		NUARY	Day 9th	Year 1 19 62
-	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED [e of BIRTH	9,1		9. AGE (In year lost birthdoy 48 y	Months Months		JNDER 24 HRS. Durs Min.
10a. USUAL OCCUPATION during most of working Reg. Nurse 13. FATHER'S NAME	ng life, even if retired)		of Business or in	osp		ela,	Mary		12. CITI	S A	IAT COUNTRY
	E.Russell				Cora	E.D	risco	12			
15. WAS DECEASED EVER (Yes, no, or unknown) (H	IN U. S. ARMED FORG Fyes, give war or dates of se		L SECURITY NO.	Mr. Hu				(Son)	581 Ba	bbit pb-D	t Road
Conditions, if on gove rise to im couse (o), stoting to lying couse lost.	he under- C(c)		yes	te	n		\	COMPUTION	CONCENT IN LEADING	7.1/-1/10.14	VAC ALITOREY
CATIC	ER SIGNIFICANT CONE								GIVEN IN PAK	P	ERFORMED?
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH!	20b. DESCRIBE I	HOW INJURY OCCL	JRRED. (Ente	er noture of	injury in P	ort I or Port	II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy. Yeo	While h	OCCURRED 20e		reet, office			or town) N/A	(0	County)	(Stote
21. I certify that	(I) (this hospital		ne deceased from			, 12_	- 1	2- the causes			(I) (we) las
220. SIGNATURE	mother	1		M.D.	ATTENDING PHYS.	ME DIR		STAFF PHYS.	Feb	10	226. DATE \$1GNED /1962
NAME (Type)	r.Andrew	C. Mitc	hell	2	Mary		Ave.	Sali	sbury	Mary	land
230. BURIAL, CREMATION REMOVAL (Specify) Burial	Feb. 12.		NAME OF CEMETER					ion (City, tow	n, or county) d, Mai		(Stote)
24. FUNERAL DIRECTOR'S			ADDRESS	3111	67	25a. REC'D	BY REGISTI	RAR 25b. RE	GISTRAR'S SIG	GNATURE	
HOLLOWAY .	& COMPANY	SATI	SRIIRV M	ARVI	OW	DATE CIT	m 1 3 16	52	arthur &	. Thank	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page X TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shouthe State Board at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

LE DE OF CHARMED THE OF CHARMED THE

than lete stall it what in I have

A SEMINAR WOLLD'S AND THE SEMINAR OF THE SEMINAR SEMIN

1

Transfer.

P. Carlo

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 1955

CERTIFICATE OF DEATH

1		
1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before admission)
1		a. STATE b. COUNTY , MARYLAND WIECMICA
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	SALISBURY	X POWELL VILLE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street address)	d. STREET ADDRESS a. IS RESIDENCE
-	Prayments Command Hassital	R.D.# 1 Pittsville Route VES X NO
-	NAME OF First Middle	Last 4. DATE Month Dey Yeer
13.	DECEASED /	OF 1
	(Typa or print) 1/1/1/1/2 40/2	Daviso DEATH February 2/ 1962
5	SEX 8. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.) lest birthdey) Montice Days Hours Min.
	MALE WIDOWED DIVORCED	Sept. 22, 1901 60 yrs. 4 Populs Pays Hours Min.
	De. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	
	Laborer-(Road Construction)	Powellville, Maryland U S A
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jefferson Davis	Mary Martha Perdue
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Ifyesgive were detes of service)	.Anna Mae Davis(Wife)R.D.#1 Pittsvill
	NO 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c)	Powellville, Maryland
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) LODAY ME	eumonia dus
13	490X DUE TO	
	Conditions, if any, which gover iso to immediate cause	Ma. 3 years
	(e), stering the underlying	
-	cause lest. (c) (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ğ	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
3	Cerebral Thrombasis	YES NO O
CEPTIFICATION	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of Item 1B.)
		CE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Slete)
VEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While	ory, street, office bldg., etc.)
N N	p.m. 19 et work at work	
	21. certify that (I) (this hospita) attended the deceased from.	2/14 , 1962 to 2/21 , 1902, that (1) (we) last
	013	death occured at
	22e. SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
	1400	.D. PHYS. DIRECTOR PHYS. Feb. 21,1962
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME TYPE Thomas C. Hill, Jr.	Pine Bluff Road-Salisbury, Maryland
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	Cemetery Bowellville, Maryland_
-	Burial Feb. 24, 1962 St. Johns 4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1		
	HOLLOWAY & COMPANY SALISBURY, MARY	DATE LE L O L CINIMI A. / CINI

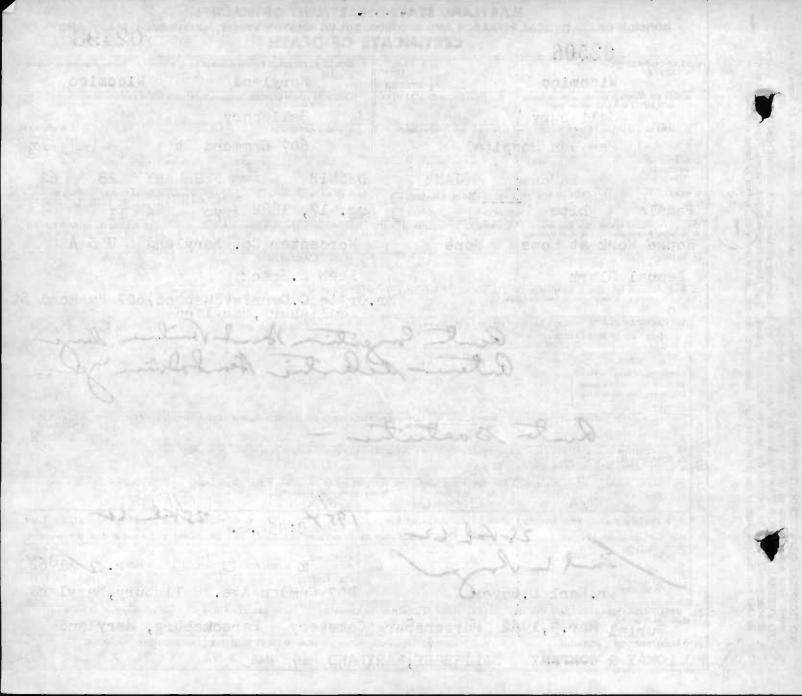
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may 29 fetained by the hospital or attending physician.

TO FUNERAL DIM. TOR: After this certificate has been signed by the attending physician and completely filled in the function of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 7 mm 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

VR A15 (4) 15M 7/61 M

	MARYLAND STATE DEPA	RTMENT OF HEALT	H
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 30 CERTIFICATE	01 W. PRESTON STREET,	BALTIMORE I MARYLAND
02506	CERTIFICATE	OF DEATH	02496

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
Wicomico Maryland	*. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Salisbury	12 Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Pen Gen Hospital	607 Hammond St
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) LAURA JANE	DENNIS DEATH FEBRUARY 28 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Aug. 17, 1882 79 yrs. 6 11 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
House Work at Home None	Worcester Co. Maryland U S A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lemual Clark	Leah R. Smack
	Orlie C. Dennis (Husband) 607 Hammond S
No	Salisbury, Maryland
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c).	INTERVAL BETWEEN ON THE AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	entire that the days
TO O DUE TO O A	00 = 100 = 10
Conditions, if any, which (b)	eleving Heart them year
gave rise to immediate cause	
(e), staring the underlying	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
& Dastite	PERFORMED? YES NO X
OR CONTRIBUTING CAUSE OF DEATH	(Enter neture of injury in Pert I or Part II of item 18.)
11/72	CE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. N/A 19 While Not While facts at work at work	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1957 19 19 19 19 19 19 19 19 19 19 19 19 19
50/11/5	death occured at
22e. SIGNATURE	22b DATE
Roul L. Roya M.	D. ATTENDING MED. STAFF Mar. 2/1962
22c PHYSICIAN'S NAME (Type) Dr. Earl L. Royer	407 Camden Ave. Salisbury, Maryland
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Mar. 3, 1962 Parsonsburg	Cemetery Parsonsburg, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY, MAR	YI.AND DATE WAR 5'62 O Man S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02497

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
	WICOMICO MARYLAND	MARULAND b. COUNTY WICOMICO
L/	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
	write RURAL end give neerest town)	12 =
2	SALISBURY	JALISBURY O. IS RESIDENCE
×-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	ON A FARM?
	PENINSULA GENERAL HOSPITAL	306 E. WILLIAM ST. YES NO X
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
	(Type or print) HOMER LEE DI	SHAROON DEATH FEBRUARY 22 1962
6	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE WIDOWED DIVORCED S	SOT 3 1889 last birthday) Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	cr. 0 1001
	done during most of working life, even if retired)	
3	MANAGER MERCANT, le	MARYLAND DSA
H	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	EMORY DISHAROOM	ELIZABETH Shackley
)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Addres
	(Yes, no, or unkown) (If yes give wer or detes of service) UES WWII 214-10-7734	ALLIE E. DISHAROON
	18/ CAUSE OF DEATH [Enter only one ceusa per line for (a), (b), and (c).]	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	DISET AND DEATH
110	IMMEDIATE CAUSE (OVORCASTY USAN	my furous and menute
	T DUE TO	
	Conditions, if eny, which (b)	
	geve risa to immediate ceuse (a), stating the underlying DUE TO	
	ceuse lest. (c)	Strangulatel
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
X	the forther to	Repair Right Fernand Herria YES NO EL
	₹ 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED	(Epher nature of injury in Part I or Part II of itam 18.)
	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE O DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Homa, farm, 20f. (City or lown) (County) (State)
		ory, street, office bldg., etc.)
	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	, 19, to, 19, that (I) (we) last
	saw the deceased alive on	death occured at 2.A.M., from the causes and on the date stated above.
	22a SIGNATURE	, 22b., DATE
	Wand & Flume	D. ATTENDING MED. STAFF PHYS. 2/24/62
,	22e. PHYSICIAN'S	22d. ADDRESS
	NAME (Type DAVIS T. GILMORE	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	I Laurel D Laure
		emetery LAUREL, Delaware
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	750. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1:	Honey Cacheroon & Jack	reflected DATE FEB 28 '62 Outling & to
	1	

TELSO 5° 1 FIRM 6308-3/1/62-50B. TWO FOR ONE CERTIFICATE PARAGON IN HORSON ELL Livery Starker 14 Same P. Disharach Cornery Cotay Throndonia DOWN SILVERE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
02498

1. 1	PLACE OF DEATH	~~~~			2.	USUAL RES	SIDEN	CE (Where o	deceased lived, If	institution: Resi	dence before edmission)
- 1	. COUNTY Wico	mico Count	v	MARYLANI		a. STATE	arvl	and	b. COU	Kei	nt County /
	b. CITY OR TOWN (in	f outside corporafa lim	47	c. LENGTH OF STAY IN 1		c. CITY OR TO	OWN (I	f outside cor	porete limits, writ		V
	write RURAL and Salis	give neerest town)		20 days		Cl	nest	ertown	n	14	37-2.
			(if not In hos	pital, giva streat address)		d. STREET AD	DRESS			1/3	. IS RESIDENCE
	Deer's	Head State	Hospi	ital		10	02 Q	ueen S	St.		YES NO
	NAME OF	Firs		Middle	- 11	Last	1	4. DATE	Mont	h D	Day Yaer
	DECEASED (Type or print)	Benjami	n	Maitland	DI	U BOIS	74	OF DEAT	H Febru	arv	4. 19 62
5.	SEX			D KEVER MARRIED	8. D	ATE OF BIRTH			9. AGE (In years	40	. /
	Male	White	WIDOWE		No	v. 23,	18	82	79 yrs.	Months Dey	rs Hours Min.
10a	. USUAL OCCUPATI	ON (Give kind of wor	k 10b, K	IND OF BUSINESS OR INDU	STRY	II. BIRTHPLACE	(Coun	ty & State, o	r foreign country	12. CITIZE	N OF WHAT COUNTRY
P	res. Coa	I Mining	Co.	(Ret)	001	Balt	imo	re Ci	ity, Md	US	A
-	FATHER'S NAME				14	. MOTHER'S M			,,		
	Edmun	d DuBois				Mar	y M	aitla	and		
	WAS DECEASED EVI	R IN U.S. ARMED FO		SOCIAL SECURITY NO. 17	. INF	ORMANT			Addres	s	
(Ye	no, or unkown) (II	yesgive werordetes of	servica)	295-09-7205	Pa	ge C.	DuB	ois (Chester	town.	Md.
	18. CAUSE OF D	EATH [Enter only on	e causa per l	ina for (a), (b), and (c).]							INTERVAL BETWEEN
10	PART I. DEATI	WAS CAUSED BY:	Rec	urrent cerebr	יבו	thrombo	gic	with	left hem	inalaria	ONSET AND DEATH
	332	DUE TO		<u> </u>	CLL	OIII OIIIDO	0.40	NA TO CITY	Tero men	Thregra	6 years
	Conditions, if eny			eriosclerosis	. 0	ene ral					?
	gave rise to immedi	ete ceusa			1.6	01102 012					
	(a), stating the uncourse lest.	nderlying								17 100	
z		SIGNIFICANT COND	ITIONS CON	NTRIBUTING TO DEATH BUT	NOTR	ELATED TO THE	TERMIN	NAL DISEASE	CONDITION GI	VEN IN PART 1(e	1) 19. WAS AUTOPSY
ATIC	Arter	ioscleroti	c car	diovascular d	ise	ase and	aor	rtic a	neurysm		YES NO X
CERTIFICATION	20a. ACCIDENT W.		20b. DES	CRISE HOW INJURY OCCU							
Z.	20c. TIME OF INJU	RY Month, Day, Yo	er 20d.			OF INJURY (Ho			ity or town)	(County) (State)
MEDICAL	Hour a.m.	19	While et wor	THE PARTY OF THE P	factory,	street, office ble	dg., atc.	.) }			
2	p.m.			ded the deceased fro	T-	muname T	15	1062 1	Feb. Ji	162	that (1) (wa) las
				19.62, and t							
	22e. SIGNATURE	ed anve on#\	н.	17, and I	nar de	ain occured	30		III THE Causes	and on me	22b. DATE
	ZZe. SIGNATORE	V. Jue	rus	au.	M.D.	ATTENDING PHYS.		MED. DIRECTOR	STAFF PHYS.		2/5/62
	22c. PHYSICIAN'S NAME (Type)	V. Juerm	an, M.	.D.		22d. ADDRE	D		Head St		pital
238	REMOVAL (Specify)	ON, 236. DATE THE		23c. NAME OF CEMETE					CATION (City, to		(State)
	Burial	2/6/6:	2	St. Paul	Cel		-	near		sterto	
24	FUNERAL DIRECTOR	SIGNATURE	ells	Chesterto	own	Md			362 25b. RE	GISTRAR'S SIG	
-	1	A	1000							THE REAL PROPERTY.	Toball &

1.4. 5.11 Top or a see a community of .xt men Serial Free. Commission up. (Res) . The Delucation of the Miles CONTRACTOR STORE OF DURING CHEST STORES CONTRACTOR to crum; c a b italiana shar color absorptional declares decreases to in the second section of the The transfer of the commentation of the comment of the commentation of the commentatio A LUBRAGE CONTRACTOR by the staff Land street St. E of Capacity . . . Colerate Company THURSDAY COLUMN THE BEET COME MA. E.

The law requires that the death certificate be executed within 24 hours after funeral the d Legretained by the hospital or attending physician.
CIOR: After this certificate has been signed by the attending physician and completely filled uid be detached for use as the burial-transit permit. Then please remove carbon papers. Pages uid be detached for use as the burial-transit permit. Then please remove carbon papers. as the burial-transit permit. Then please remove carbon papers. Page to burial, cremation, or removal, and in any event, within 72 hours af ATTENDING PHYSICIAM: prior death. Page 4 may be retained by the O FUNERAL D. CIOR: After this director, page 3 should be detached fo be filed with the State Dept. of Health OR TO HOSPITAL C death. Page 4 m > TO FUNERAL B director, page 3 s

3.

5.

10a

13

15 (Y:

CERTIFICATION

MEDICAL

23e.

MARY DIVISION OF STATISTICAL RESEA				MORE 1, MAR	(LAND 02499
02500	CERTIFICATI	E OF DEATH			ON SCOOL
PLACE OF DEATH a. COUNTY WICLINICO	MARYLAND	2. USUAL RESIDENCE	b. (Vicemi	2
b. CITY OR TOWN (if outside corporate limits, write RUR IL end sive nearest town)	c. LENGTH OF STAY IN 16	12 Salesler	utsida corporete limits	, write RURAL and give	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	oital, give street address)	502 Le	e st		o. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Typa or print) Promule	Widdle L	ellon 4	OF DEATH	Nonth Doy	1962
SEX 6. COLOR OR RACE 7. MARRIER WIDOWER	I HEVER MARKIED [11-21901	Jast birth	yrs.	Hours Min.
n. USUAL OCCUPATION (Giva kind of work na during most of working life, evan if ratired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County)	& State, or foraign con	untry) 12. CITIZEN	S , A
Hilly Wales		14. MOTHER'S MAIDEN NA	Sunth	w	
(fyesgivawarordalasofsarvice)	SOCTAL SECURITY NO. 17. 1	Sow Ge	enthu	ddress	
PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) DUE TO	na for (a), (b), and (c).	La Rhei	ematec &		ITERVAL BETWEEN NSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the underlying OUE TO cause lest.	heumedi	a feve		C	ndefinit
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	L DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter natura of injury in Part	t I or Part II of item 1B	.)	
Hour e.m. While	6. 4	CE OF INJURY (Homa, farm, ory, street, offica bldg., atc.)	20f. (City or town)	(County)	(State)

	Hour e.m.	Month, Day, Yaar	While Not Whila at work at work	20e. PLACE OF INJURY (Homa, far factory, street, office bldg., at	c.)	(County)	(State
21.	I certify that	(I) (this hospital)	attended/the deceased	from 15 yelles,	196 Oto /5 - 18	21- 16.2 that	(1) (we)

.19.62, and that death occured at Z.Q.M., from the causes and on the dete stated above. the deceased alive on.... DATE SIGNATURE 22e. ATTENDING PHYS. STAFF PHYS.

22d. ADDRESS

M.D.

OR

22c. PHYSICIAN'S NAME (Typa)

DATE THEREOF

23d. LOCATION (City, town or county)

DIRECTOR

MOVAL (Specify) ADDRESS DIRECTORIS SIGNATURE

23c. MAME

> REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FEB 23 '62

15M 9/60

EGEST) Ball Mily L July with white There a letter that there with the the face of 2 1900 A Recorded to the constant 27 46 31 02 13 631 20 15 46 55 E Ell Resemble E. A. Par nell wise in Major St. Flittery W. Come 1- Jaco Bushelin in Deholung Int Beeler M West

VR A15 (4) 15M 9/60 9

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
----------	-------	------------	----	--------

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

02500

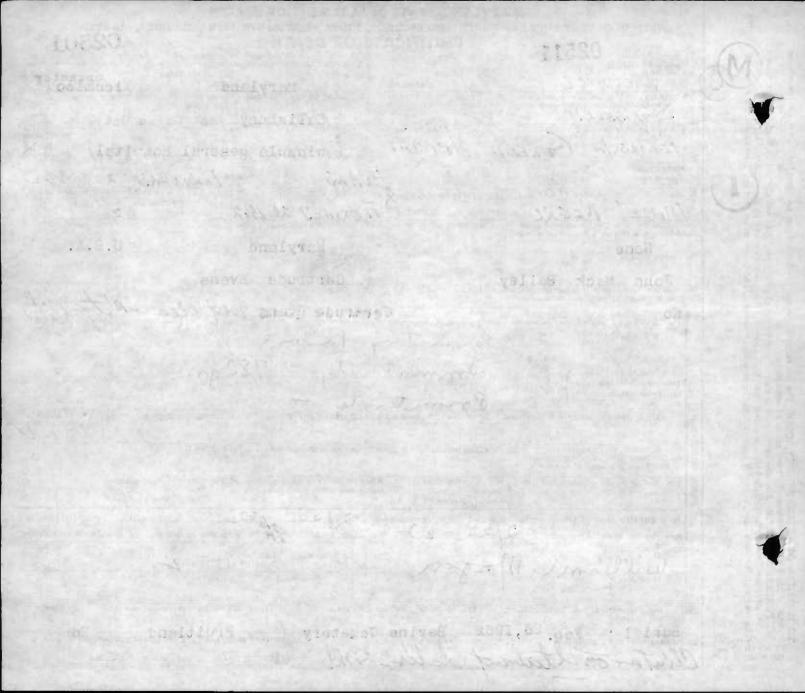
1. PLACE OF DEATH 6. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE b. COUNTY
Wicomico County MARYLA	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY II	
write RURAL end give neerest town)	
Salisbury 296 days	Denton 05×2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	I ON A FARM?
Deer's Head State Hospital	Route 2
3. NAME OF First Middle	Last 4. DATE Month Dey Year
(Type or print) Thomas	ELIAS DEATH February 8, 1962
	LO ACCUMENTATION OF THE PROPERTY OF THE PROPER
7/ 7	lest birthdey) Monthal Days House I Min
Male White widowed DIVORCED	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (County & Slete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
JAY LABORER CANNERY	MENNA, NSTO.
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Op .	
unduous	Miknows
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	17. INFORMANT
Linkrown	Ih. C. Vaul hutts, pulow, had,
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Bliateral DI	ronchopneumonia 3 days
DUE TO	
Conditions, if any, which (b)	
geve rise to immediate cause	
(e), stering the underlying	
ceuse lest. (c)	THE THE TOTAL PROPERTY OF THE TRANSPORT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Periarteritis nodosa	YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B Periarteritis nodosa 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CHIEF HERE, NOTIFY MEDICAL EXAMINER	CURED. (Enter neture of injury in Pert I or Pert II of item 18.)
0 200	De. PLACE OF INJURY (Home, ferm, '20f. (City or town) (County) (State) fectory, street, office bldg., etc.)
Hour e.m. p.m. 19 et work et work	
	from April 18, 1961, to Feb. 8, 1962, that (I) (we) last
21. I certify that (i) (this hospital) attended the deceased to	10011
saw the deceased alive on	that death occured at
22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
W- halolie	M.D. ATTENDING MED. STAFF PHYS. Z 2/9/62
22c. PHYSICIAN'S	22d. ADDRESS Deer's Head State Hospital
NAME (Type) L. V. Maldve, M.D.	Salisbury, Maryland
	ETERY OR CREMATORY 23d, LOCATION (City, town or county), (Stete)
REMOVAL (Specify) Feb. 12 1962) en	Town Denton hed
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Tal Trade mock you De	low hel DATE FEB 1 4 '62 arthur & Thank
1	CIVALE L'ALD

GRESU! Service of the another trees. we a series in the land of more series of

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission a. COUNTY e. STATE b. COUNTY Worces 10011110 MARYLAND Maryland reomico b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest fown) ALISBIKY . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress ON A FARM? YES NO completely 3. NAME OF DECEASED (Type or print) 19 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE and last birthdey) Car WIDOWED DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) remove 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired U.S.A. Marvland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding Gertrude Evans John aften 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or dates of servica) 0 NO
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c). ONSET AND DEATH g physicial signed by PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which gava rise to immedieta cause DUE TO (a), steting the undarlying 9 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY certificate PERFORMED? SIS NO use 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (County) (State) Month, Day, Yaer factory, street, office bldg., etc.) Not While Whila at work at work CTOR: 19, 6,2 to....., 19...., that (I) (we) last saw the deceased alive on...... 22b. DATE SIGNATURE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. O HOSPITAL death. Page 4 PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector. filed 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (State) REMOVAL (Specify) O To A 25a. REC'D BY REGISTRAL ADDRESS 24 FUNERAL DIRECTOR'S SIGNA VR A15 (4) 15M 9/60 Cishun S. Thrus DATE

within

certificate be



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may 29 fetained by the hospital or attending physician. TO FUNERAL DIA CTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02512 CERTIFICATE OF DEATH

Ы	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)						
/	o. COUNTY (N) Comico MARYLAND	•. STATE Maryland b. COUNTY Somerset						
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown)						
	write RURAL end give neerest town)	Crisfield 1939. 1						
	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE						
6	2	ON A FARM?						
	Teninsula General Nospital							
	3. NAME OF First Middle DECEASED	OF 7 /						
23	(Type or print) Olin ALON3A	EVANS DEATH TEBRUARY 11 1962						
10	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF ONDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months Deys Hours Min.							
	Male Wildowed I Divorced June 15, 1889 72 yrs. Months Deys Hours Mir							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	Canvas Maker Sails & Awnings	Crisfield, Md. U.S.A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
1	Severn A. Evans	Erianna Holland						
/	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address						
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	. Kathryn MyersSalisbury, Md.						
	IB. CAUSE OF DEATH [Enter only one cours per line for (e), (b), end (c).]	A INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH						
	IMMEDIATE CAUSE (0) I LUCK Shu	r dawn (Congress)						
	TT 6 X DUE TO COLOR TO MARCHETTE							
	Conditions, if eny, which geve rise to immediate cause							
	(e), stelling the underlying DUE TO							
	couse lost. (c) Were Television							
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?							
	[7]	YES NO 1						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO 20 20 20 20 20 20 20 20 20 20 20 20 20	(Enter neture of injury in Pert I or Pert II of item 1B.)						
	2Dc. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Hour e.m.							
	Hour e.m. While Not While et work et work to							
	21. I certify that (I) (this hospital), attended the deceased from	2 / _ (
	1 1 -/ 2	death occured at 52M, from the causes and on the date stated above.						
	22e. SIGNATURE	22b. DATE						
	1 0	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.						
	22c. PHYSICIAN'S 22d. ADDRESS							
1	MA GOOD TE HEARN	2 26 N. hamsing Woolker Keel						
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	DR CREMATORY 23d. LOCATION (City, town or county) (State)						
	Burial Feb.14,1962 Nelson Cemeter	ery R.F.D. Crisfield, Md.						
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
A	Bradshaw & SonsCrisfield, Md.	DATE FFB 1 6 '62 arthur S. Krous						
y		IDAIL ILO						

20820

John Charles Committee Charles Charles

DINAME 191

Caralle Co

Severa A. France

Yele to the control of the control o

Converted to the Street of Court of Miles Court of

San toll park at left

and the second s

of the land a first to the land the second The second secon

The Law of the State of the Sta

drefetor & Respector of the Company of the Company

and service of the property of the party of

Towlet would be to 17,1952 Unlamm Chartery we would in T.I. Coleratell, 18.

the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL M. LOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 s. Vid be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ATTENDING FIXEDICIALS.

Long the hospital or attending physician.

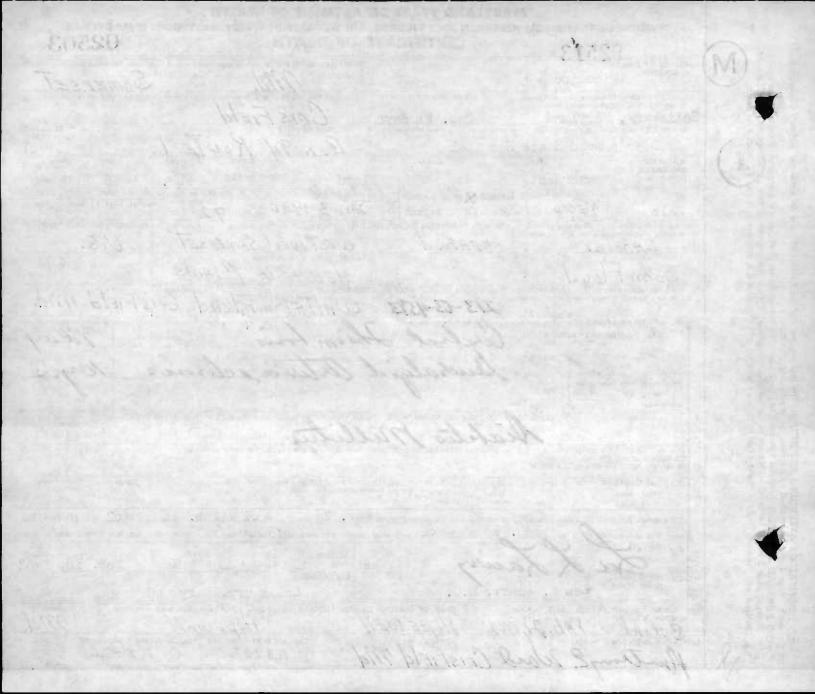
Long After this certificate has been signed by the attending physician and completely filled in the fil

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02503

1. PLACE OF DEA	TH		2. USUAL RESIDEN	CE (Where decessed	lived, If institution	n: Residence b	efore admission)
e. COUNTY	Wicomico	MARYLAND	e. STATE	nd.	b. COUNTY 5	OMET	SET
b, CITY OR TOWN	N (if outside corporete limits, and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate l	mils, write RURAL	end give neer	est town)
Salisbury.		2mo. 21 days	d. STREET ADDRESS	FIELd		19	IS RESIDENCE
	s Head State Hos		Box 9	1 ROU	TE 1		ON A FARM?
3. NAME OF	First	Middle	Lest	4. DATE	Month	Dey	Yeer
(Type or print)	Ernest		loyd	OF DEATH	Feb.	18	19 62
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH		(In years IF UNDE		UNDER 24 HRS.
Male	NEGro WIDOW		JAN. 3, 189.	0 72	birthdey) Months	Deys H	ours Min.
done during most of;	ATION (Give kind of work working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foreign	n country) 12.	CITIZEN OF W	HAT COUNTRY?
	OFEF	SEAFOOD	WEST OVE	of Somers	E	VISA	,
13. FATHER'S NAME	E1 1		14. MOTHER'S MAIDEN	The Ala	me		
JOHN 15 WAS DECEASED	EVER IN U.S. ARMED FORCES? 16.	COCIAL SECURITY NO. 1.17	HENFIEL	IFF MARI	Address		
	[(Ifyesgivewerordetes of service)	SOCIAL SECURITY NO. 17. 1	WALTER	Flous	Crist	FIELd	md.
18. CAUSE O	P DEATH [Enter only one couse per	Hipe for (e), (b), end (c).]	7//				AL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rebral of	hom tos	is		UNSEI	Lay
33	DUE TO	6 1.	1 1	1	•		
Conditions, if e	121	kurs alese d	Clothere	is selve	ines	10	1 yes
geve rise to imm	DUE TO						1
ceuse lest.	(c)						
PART II. OT	HER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PA	ART 1(e) 19.	WAS AUTOPSY PERFORMED?
CATI	Hea	belis Me	lletus			YES	□ NO □
OR CONTRIBUTION	WAS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURED	. (Enter neture of Injury in	Pert I or Pert II of ite	m 18.)		
3 20c. TIME OF IN	NJURY Month, Day, Year 20d.		CE OF INJURY (Home, fer		wn) (C	County)	(State)
20c. TIME OF IN Hour a.m	. of two	0	ory, street, office bldg., et	c.) {			
	that (I) (this hospital) atter	ided the deceased from.	Nov. 28	19.61 to Fel	0. 18	19.62, that	(I) (we) last
	ased alive on Feb. 1	3 19 62, and that	death occured at.				
22e. SIGNATO			ATTENDING	MED. ST.	AFF		22b. DATE SIGNED
2	el d Lau	etry N			Ys. 🛛	Feb.	18, 1962
22c. PHYSICIAN	nel T w T	200	22d. ADDRESS				
	Lee L. Lawry	M.D.	Sal	isbury, M	aryla nd		
23e. BURIAL, CREM. REMOVAL (Spec		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or con	unty)	(State)
BUTIAL	160.71,1962	HOPE WE	//	HOPEL			11111
24 FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS I MI	111	C'D BY RÉGISTRAR	25b. REGISTRAR	- 1-	E
Houle	ong Ward	STISTIE14 /1	d DATEFI	EB 2 3 '62	Circles a	d. Thousa	
/ -	/						

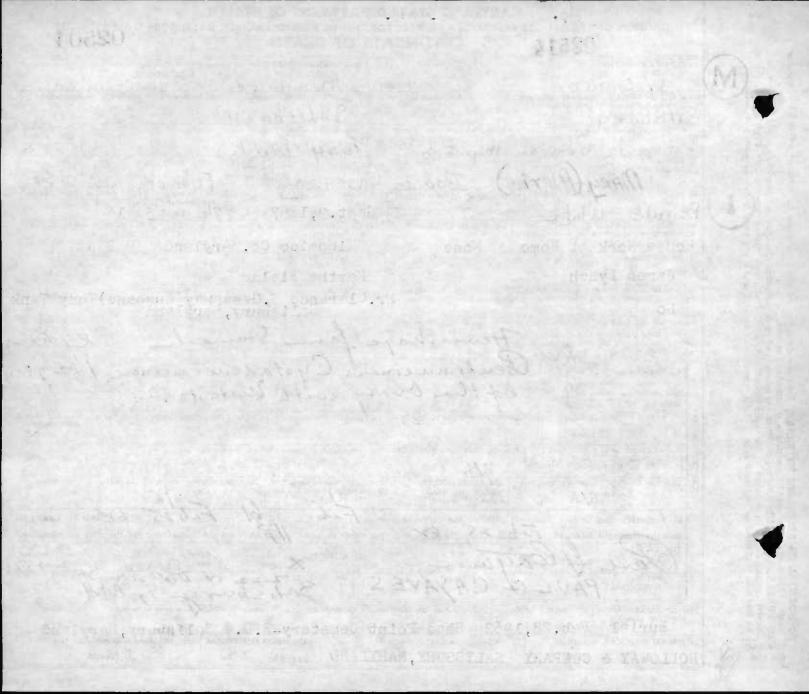


the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may pretained by the hospital or attending physician.

Yes TO FUNERAL L. TOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02514 CERTIFICATE OF DEATH

VI	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
1	a. COUNTY	a. STATE b. COUNTY
1-	W; comico Maryland	Maryland Wicomico
	b. CITY OR TOWN (if outside corporate limits, write BURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	SALISPURY	12SALisbury
1.2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE
40		ON A FARM?
	eninsula beneral tospital	TONY TANK YES NO N
3	NAME OF First Middle	Last 4. DATE Month Day Yaer
1	(Type or print)	OF DEATH LOL 25 10 (
-	MARCY (MILL) ISADELLE	assaway reorgang as 162
ي ا	SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 8	P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isst birthdey Months Days Hours Min.
11	emale White WIDOWED DIVORCED S	Sept. 9, 1887 74 yrs. 5 16 Hours Min.
1	00. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
	done during most of working life, even if retired)	The bidding a state, or lording a state,
	House Work at Home None	Wicomico Co, Maryland U S A
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	James Lynch	Months Biold
-		Martha Fields
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	
Ι,	No	Salisbury, Maryland
=	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
+	IMMEDIAT CAUSE (0) Hemershage	from stumede 24 now
	DUE TO D	
	(For A	. Custa democración 1/2 ve.
	Conditions, if any, which geve rise to immediate cause	as cystall cuotast nome 112 year
	(a), stating the underlying DUE TO COL the Owar	or . It Mide La
1	cause last.	1 weg a start as
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
3		PERFORMED?
13		YES NO
MOITA DISTRIBLY	2Da. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Parl I or Part II of item 1B.)
92	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
VEDICAL	C 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. ht / A While Not While	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, pffice bldg., atc.)
1 5	Hour a.m. N/A 19 While Not While	N/A N/A
		Feb, 1961 to Feb 25 162 X that (1) (sum) last
	21. I certify that (I) (this hospital), attended the deceased from	The state of the s
	saw the deceased alive on	death occured at
	220: SIGNATURE	22b. DATE
1	Taul & Cosulina	ATTENDING MED. STAFF SIGNED DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d, ADDRESS 7-2 > IV. DIVISION St.
П	NAME (Type) PAILL CL CAVAVES	8 1 2 2 14. 010 3100 31.
	1110000101111	Jay, Sbury, 1Via
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOYAL (Specify)	0
-	Burial Feb. 28, 1962 Shad Point	Cemetery_R.D.# Salisbury, Maryland
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	HOLLOWAY & COMPANY SALISBURY, MARY	IAND DATEMAR 2 162 Circling S. Kriss



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please	
A should be for the flower of the Medical Examiner's Office along with form PM3. Page 5 may be retained for you'll it. The PMNE by the Medical Examiner's Office along with form PM3. Page 5 may be retained for you'll it.	FOR
or its designoted egent, prior to buriof, cremotion, or removol, and in any event within 72 hours offer death.	1 51

-	MARYLAND ST	ATE DEPARTA	MENT OF	HEALTH-	-BALTIMO	RE, 18
02	515MEDICAL	EXAMINER	'S CERT	TIFICATE	OF DEAT	TH R
			2. USUAL	RESIDENCE (When	e deceased lived. If	f institution:

02505 Reg. Dist. No.

	PLACE OF DEATH	icomico		MARYLAN	O STATE		where deceased land	ed lived. If instit b. COUN	Wico		odmission)
/	b. CITY OR TOWN IN		RURAL	c. LENGTH OF STAY IN 1				porote limits, write			st town)
	and give nearest town)	alisbury			12.	Sali	sbur	17			
	d. NAME OF HOSPITA	AL OR INSTITUTION	If not in hosp	itat, give street address)	d. STREE	ADDRESS	1010012	/			IS RESIDENCE
	D.O.AP	en.Gen He	ospita	al		225	Newto	on Stre	et		ON A FARM?
	3. NAME OF DECEASED (Type or print)	Fir RAYI	MOND	Middle JEFFERSO		BTE	4. DATE OF DEATH	FEBRUA		Doy 3rd	Yeor 19 62
	5. SEX	, , , , , , , , , , , , , , , , , , , ,	10210	NEVER MARRIED				9. AGE (In years	-	-	JNDER 24 HRS.
	Male	White	WIDOWED		Sept.1		7	64 yrs.	Months D	Pay Ho	urs Min.
	10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b. Kl	NO OF BUSINESS OR INDI			or foreign c	country)	12. CITIZ	EN OF W	HAT COUNTRY?
	Attendant		ice St	tation	Sali	sbury	Mary	vland		US	A
	13. FATHER'S NAME				14. MOTHER	S MAIDEN	NAME				
	Benjamin	James Gu	thrie		Sall	y Mar	y Cou	albourn	e		
	15. WAS DECEASED EVE (Yes, no. of unknown) NO	R IN U. S. ARMED FO (If yes, give war or dates of	RCES? 16. S	OCIAL SECURITY NO.	r. Benja	min d	Gutl	rie (So	n)705	2 F1	oyd Ave
	18. CAUSE OF DEAT	H [Enter only one cou	se per line fo	or (o), (b), ond (c).]						INTERVAL I	ETWEEN
	PART I. DEATH WAS CAUSED BY: DEATH WAS CAUSED BY: Coronary occlusion								Sudden		
	142	DUE TO									
	Conditions, if ony, which gave rise to immediate couse (b) Arterio-sclerotic heart disease							Ye	ars		
	(o), stating the u	DILL TO									
	couse lost.	(4)									
)	PART II, OTH 200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO M									
	200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.										
	20c. TIME OF INJUR		While	Not while f	LACE OF INJURY actory, street, offi	(Home, form ce bldg., etc	20f. (City	or lown)	(Coun	nty)	(Stole)
	opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner										
	ACTUAL										
	SIGNATURE	Earl L.	Royer	X	M.D.		AL EXAMINE	R \square	Dala	_	12060
0	EXAMINER'S 山〇		0	Selisbury,	Md DEPUT	Y MEDICAL	EXAMINER [3	Feb.	5	/1962
	220. BURIAL, CREMATION REMOVAL (Specify)	Feb.6		Parsons Co		18 19		lon (City. lown, Lsbury,			Stole)
	23. FUNERAL DIRECTOR"			ADDRESS		240. REC'	D BY REGIST		STRAR'S SIGN		
	HOLLOWAY	& COMPAN	Z SAJ	LISBURY, MAI	RYLAND	DATE	6 '62	Chil	hun 8, 10	ine	
							The state of the s				

VS. A15ME 5M 2/57 dozso

MARKAND STATE DIFFERING OF HEALTH-BALLIMONS

CONTRACTOR

The state of the s Control of the Contro TO THE PROPERTY OF THE PROPERT Distrate 'san

T

1. PI e.

> N D (T

10e. dona

1S. V

CERTIFICATION

MEDICAL

82

· · · MARYLAND STATE DE	
02516 CERTIFICATE	OF DEATH
ACE OF DEATH	2. USUAL RESIDENCE (Where daceasad lived, If institution; Rasidence before admission)
COUNTY COMICO MARYLAND	o. STATE Maryland b. COUNTY Wicomico
CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
113b 118 11	12 Salisbury
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
ningula General Horbital	210 Lincoln Ave.
AME OF First Middle	Last 4. DATE Month Day Year
PRO OF PRINTER Bradley Ham	DEATH TO MAN GALLE 19 12
X 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
	ept. 25,1884 last birthday Months Days Hours Min.
	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	
mployee-W.F.Allen Co.	Wicomico Co. Maryland U.S. A
uinton Hammond	Henrietta Parker
'AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III O (If yes give we ror detes of service) WO	Bradley D. Hammond (Grand-Son) 500 odcrest Ave. Salisbury, Maryland
B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	6 days
conditions, if any, which (b) Arterioscleratic C-V	-R Diseine
ever ise to Immediate cause of, stating the underlying DUE TO Leptee Shock	
ouso lost. (c) Tepter shock	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
DB. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. RECONTRIBUTING [CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Pert † or Pert II of item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
1. I certify that (I) (this hospital) attended the deceased from	1/19, 1967 to 2/4, 1967, that (I) (we) last
	death occured at A. M., from the causes and on the date stated above.
24. SIGNATURE	22b. DATE
William Dyran M.	ATTENDING MED. STAFF

William by Gray

22c. PHYSICIAN'S
NAME (Typa) Dr. William D. Gray

iray | Camd

22d. ADDRESS

Camden Ave. Salisbury, Maryland
REMATORY | 23d. LOCATION (City, town or county)

23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL (Specify) Feb. 7, 1962 Hammond Family Cemetery-R.D.#

tery-R.D.# Salisbury, Maryland

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(Stete)

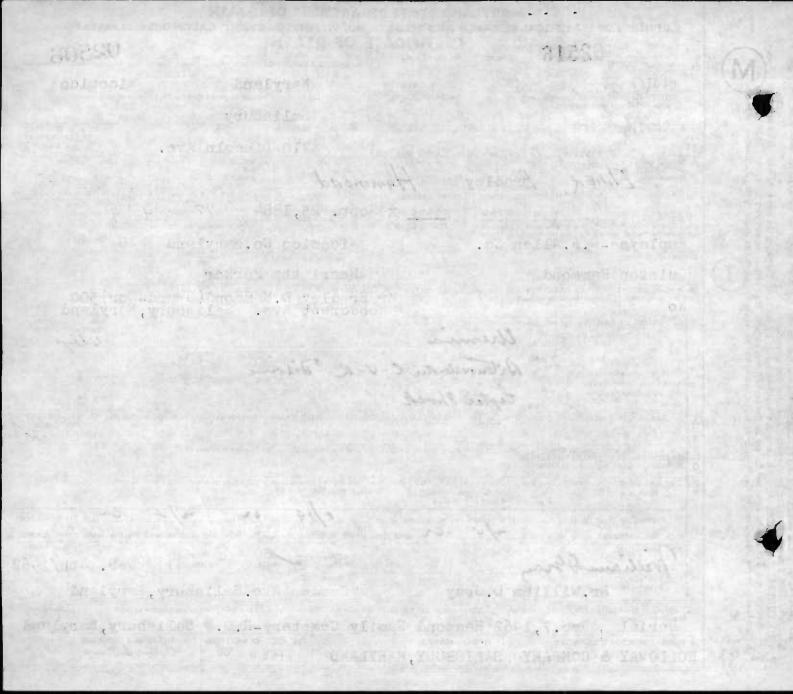
24 FUNERAL DIRECTOR'S SIGNATURE
HOLLOWAY & COMPANY

ADDRESS
SALISBURY, MARYLAND

DATE FEB 6 '62

Carthur S. Thank

VR A15 (4) 15M 9/60



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of death. Page 4 per by retained by the hospital or attending physician.

\$ > TO FUNERAL CONDITIONS: After this certificate has been signed by the attending physician and completely filled to the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF STATISTICAL RE	ARYLAND STATE DEP	ARTMENT OF 301 W. PRESTOR	F HEALTH N STREET, BALTIMORE	I, MARYLAND		
09517	CERTIFICATE	OF DEATH		02507		
PLACE OF DEATH				titution Residence before admissio		
Wicomico	MARYLAND	a. STATE	b. COUNTY	Morculist		
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	foutside corporate limits, write RI	URAL end give nearest town)		
Salisbury, Maryland	Lyrs. 11 mo.	4	non Dill	23x.2		
d. NAME OF HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS		o. IS RESIDEN		
Deer's Head State H	ospital			YES NO		
NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year		
(Type or print) Florence	Add to the same	rtman	DEATH Feb.	11 19 62		
SEX COLOR OF RACE 7. N	ARRIED NED 18.	DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HR		
· · · · · · · · · · · · · · · · · · · ·	DOWED DIVORCED	1.1-187	2. 89/3/119 7	1 Days Hours Min		
. USUAL OCCUPATION (Give kind of work not during most of working life, even if retired)	106. KIND OF BUSINGS OR INDUSTRY	11. BUTHPLACE (Coun	& State, or oreign country)	12. CITIZEN OF WHAT COUNT		
During of	6 work frame	SnowAl	III. mul			
FATHER BYAME		14. MOTHER'S MAIDEN	NAME			
allem Nino	1	Muselle	o Truot	0 ,		
WAS DECEASED EVER IN U.S. ARMED FORCES?		FORMANT	1/0 n Address	1 1/-		
(Ifyesgtvewerordetecofservice	none m	Vyllink	4. Shorebla	Survi Helling		
18. CAUSE OF DEATH Enter only one caus	e per line for (a), (b), and (c).]	gum	31	INTERVAL BATWEEN		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease						
4-2) DUETO						
Conditions, if any, which (b)	rteriosclerosis ge	eneral		tt -		
geve rise to immediate cause						
(a), stating the underlying BUETO R	esidual right hemi	paresis due	to old cerebra	Ombosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOP						
				PERFORMED YES NO [
	. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Pert I or Part II of item 18.)	1 400 [] 400 [
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farn	n, ! 20f. (City or town)	(County) (State)		
Hour a.m.	THE THE THE THE	ry, street, office bldg., etc	.)			
p.m. 19	et work at work	on 11	157 Feb 11	462		
21. I certify that (I) (this hospital)	attended the deceased from.t.	8	· Ir CAM	, 19.62, that (I) (we)		
saw the deceased alive on Feb.	19.02., and that	death occured at	:::::M;:::ffom the causes an			
22a. SIGNATURE V. LUONAL	0.44		MED. STAFF	22b. DAT		
7.7000 010	M.I	·	DIRECTOR PHYS.	Feb. 11, 19		
22c. PHYSICIAN'S NAME (Type) V. Juerman,	M.D.	22d. ADDRESS	sbury, Maryland			
		7				
REMOVAL (Specty)	23c NAME OF TEMETERY C	CREMATORY	23d. COCATION ICITY, TOWN	or county) (State)		
rigide the 13/0:	2 July lengel	Ellmaly	monkelly	my		
PUNERAL DIRECTOR'S SIGNATURE	ADDRESS ALL MA	- was	D BY REGISTRAR 256. REGIS	STRAR'S SIGNATURE		
Muyo Glumo	inon/kell,	///C/DATED	13 '62 Central	7 S. Thrues		

364.30 THE FEBRUARY Commence of the second 1 Justinan They to the start of the start of the start of selling therips dissibles, it's

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.

TO FUNERAL D. TOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shelld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 d 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02508

Pen Gen Hospital 203 New York Ave. Some North Addition North Addit			
b. CITY OR TOWN (If coulide corporate limit), write RURAL and give neerest lown) Salisbury d. NAME of the spital or neerest lown) Salisbury A NAME OF Gen Hospital ANNUE F HASTINGS DATE HASTINGS DATE HASTINGS DATE HASTINGS DATE HASTINGS DATE DATE HASTINGS DATE HASTINGS DATE HASTINGS DATE DATE DATE DATE HASTINGS DATE DATE DATE DATE HASTINGS DATE DATE DATE DATE DATE DATE HASTINGS DAT	a. COUNTY	STATE - 6 COUNTY	
Salisbury d. NAME OF HOSPITAL OR NISTITUTON (if not in hospiel, give irreet eddress) Pen Gen Hospital Niddle Last ADARES Pen Gen Hospital Niddle Last DATE Month Day Yest Month Day None HASTINGS PEAR PEDRACARY 21 1962 Female White Whover Married Month Month Day None HASTINGS PEAR PEDRACARY Annital Day Month Month Day Month Month Day Month Month Day Day Day Day Day Day Day Da	W1COW1CO MARYLAND		
d. NAME OF HOSPITAL OR INSTITUTION (if no in hospital) Pen Gen Hospital ANNIE Pen Gen Hospital ANNIE B HASTINGS ANNIE PENBURRY 21 1962 S. SER BASIDEAL PROPERTY FEBRUARY 21 1962 S. SER HASTINGS B. Date of Birth HASTING	write RURAL end give neerest town)		e neerest town)
Pen Gen Hospital 203 New York Ave. You National Color No. Alam Part Part			I e. IS RESIDENCE
DECREED (Type or pinn) Represented to the terminal disease condition given in Part Ing. 1962 ANNIE E HASTINGS DEATH FEBRUARY 21 1962 5. SEX 6. COLOR OR RACE 7. MARBHED NEVER MARRIED 0. DATE OF BIRTH FORMale White White White White Whole W			ON A FARM?
County Annie B			y Yeer
Discrete White Whome Divorced March 25, 1893 68 Whome	(Type or print) ANNIE E	HASTINGS DEATH FEBRUARY 2	
Discrete White Whome Divorced March 25, 1893 68 Whome	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B		
106. USAL OCCUPATION (Give kind of work done during most of working life, seven it elited house work at Home None Pocomoke, Maryland USA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INC. SOCIAL SECURITY NO MY ROLLING MARCH Martha Emma Lankford 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INC. SOCIAL SECURITY NO MY ROLLING MARCH Martha Emma Lankford 16. CAUSE OF DEATH [Enter only one cause per line for (c), (b), end (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (d), (b), end (c).] 19. TINGERMANT W. Hastings (Husband) 203 New Young State of the Commodition of the Commodition of the Commodition of the Commodition of the USA New York 18. CAUSE OF DEATH [Enter only one cause per line for (d), (d), end (c).] 18. CAUSE OF DEATH [Enter only one cause per line for (d), (d), end (c).] 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED? 19. WAS AUTOPSY PERFORMED? 20. CITER OF INIURY Month, Dey, Year Hour e.m. M/A 19 20b. DESCRIBE HOW INJURY OCCURED 10. MINURY INDURY INDU	Female White widowed Divorced 1	March 25,1893 68 yrs.	
House Work at Home None Pocomoke, Maryland U.S. A 13. FATHER'S NAME Henry Thomas Lewis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No. no. or unlown) (Hyses) eventor delected service) NO (No. no unlown) (Hyses) eventor delected service (e). (b). end (c). NO (No. no unlown) (Hyses) eventor delected service (e). (b). end (c). NO (No. no unlown) (Hyses) eventor delected service (e). (b). end (c). NO (No. no unlown) (Hyses) eventor delected service (e). (b). end (c). NO (No. no unlown) (Hyses) eventor delected service (e). (e). (e). (e). (e). (e). (e). (e)	10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. IN INFORMANT IN INFORMATION IN INFORMANT		Pocomoke, Maryland U S	S A
15. MAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).	Henry Thomas Lewis	Martha Emma Lankford	
B. CRUSE OF DEATH Enter only one cause per line for (e), (b), end (e).] PART I. DEATH WAS CAUSED BY: One take a part of the terminal disease condition given in part I(e). Out to conditions, il env. which gave rise to immediate cause (e), stating the underlying cause lest. Out to conditions contributions contrib	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyosgivewarordatesofservice)	Rollie W. Hastings (Address and) 20	3 New Yo
Conditions, il env, which gave rise to immediate cause (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? PERF	PART I. DEATH WAS CAUSED BY:		NTERVAL BETWEEN
Course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS COUNTY DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS COUNTY DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER SIGNIFICANT CONDITIONS COUNTY DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER CONDITIONS COUNTY DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PART II. OTHER CONDITION GIVEN IN PART II. OTHER CONDITION GIVEN IN THE TERMINAL DISECTORY IN THE TERMINAL DISECTORY IN	Conditions, il eny, which (b) Diabeles Mille gave rise to immediate cause	tis	gus.
Contributing cause of Death of Country Medical Examiner) 20a. Accident was underlying allowed by Describe How injury occured. (Enter neture of Injury in Pert Lor Pervil of Item 18.) 20a. Accident was underlying allowed by Describe How injury occured. (Enter neture of Injury in Pert Lor Pervil of Item 18.) 20a. Accident was underlying allowed by Describe How injury occured. (Enter neture of Injury in Pert Lor Pervil of Item 18.) 20a. Accident was underlying allowed item 18.) 20b. Describe How injury occured. (Enter neture of Injury in Pert Lor Pervil of Item 18.) 20c. Time of Injury Month, Dey, Yeer allowed by Marile at work of the While at work of Injury (Home, farm, 20f. (City or town). (Stete) 20c. Time of Injury Month, Dey, Yeer allowed by Marile at work of Injury in Pert Lor Pervil of Item 18.) 20c. Time of Injury Month, Dey, Yeer allowed by Marile at work of Injury in Pert Lor Pervil of Item 18.) 20c. Time	(e), stating the underlying		
20c. TIME OF INJURY Month, Dey, Yeer While Not While at work of et work of the	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19. WAS AUTOPSY
20c. TIME OF INJURY Month, Dey, Yeer While Not While at work of et work of the	Zo. ACCIDENT WAS UNDERLYING 1 2Db. DESCRIBE HOW INJURY OCCURED		
Hour e.m. N/A 19 white at work et work et work N/A	IV/A		151-1-1
saw the deceased alive on 2. Feb. 19.62, and that death occured of 1. M. from the causes and on the date stated above 220. SIGNATURE 220. SIGNATURE ATTENDING MED. PHYS. Feb. 2.3 / 1962 221. ADDRESS 222. PHYS.Clan'S DIRECTOR PHYS. Feb. 2.3 / 1962 223. ADDRESS 224. ADDRESS Pine Bluff Road - Salisbury, Maryland 225. REMOVAL (Specify) Burial Feb. 23, 1962 Parsons Cemetery Salisbury, Maryland 226. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	Hour e.m. M/A while Not While	tory, street, office bldg., etc.)	(31616)
220. SIGNATURE M.D. ATTENDING MED. PHYS. STAFF PHYS. Feb. 23/1962 221. PHYSICIAN'S DIRECTOR PHYS. Feb. 23/1962 222. PHYSICIAN'S DIRECTOR PHYS. Feb. 23/1962 222. PHYSICIAN'S DIRECTOR PHYS. Feb. 23/1962 223. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Feb. 23, 1962 223c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stele) 223c. PHYSICIAN'S Feb. 23/1962 223d. ADDRESS 23d. LOCATION (City, town or county) (Stele) 224b. DATE 225d. ADDRESS 23d. ADDRESS 23d. LOCATION (City, town or county) (Stele) 225c. PHYSICIAN'S Feb. 23/1962 Parsons Cemetery Salisbury, Maryland 23d. Location (City, town or county) (Stele) 226c. PHYSICIAN'S Feb. 23/1962 Parsons Cemetery Salisbury, Maryland 23d. Location (City, town or county) (Stele) 226c. PHYSICIAN'S Feb. 23/1962 Parsons Cemetery Salisbury, Maryland 23d. Location (City, town or county) (Stele) 226c. PHYSICIAN'S Feb. 23/1962 Parsons Cemetery Salisbury, Maryland Parsons Cemetery Salisbury, Maryland Parsons Cemetery Salisbury, Maryland Parsons Cemetery Salisbury, Maryland Parsons Cemetery Phys.	21. I certify that (I) (this hospital) affended the deceased from. saw the deceased alive on 21. Feb. 19.62, and that	death occured and 1962,	, that (I) (we) last date stated above
AM (Typur. Jospon Fitzgerald Pine Bluff Road Salisbury, Maryland Parsons Cemetery or Crematory Salisbury, Maryland Parsons Cemetery Salisbury, Maryland Parsons Cemetery Salisbury, Maryland Address Signature Address Specific By Registrar 256. Registrar's Signature	Sperk & Level	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. Feb	22b. DATE
REMOVAL (Specify) Burial Feb. 23, 1962 Parsons Cemetery Salisbury, Maryland ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			y,Marylan
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE	REMOVAL (Specify)		The state of the s
HOLLOWAY & COMPANY - SALISBURY, MARYLAND AFER 2 6 102 CHAMP 2. 700000	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	NATURE
	HOILOWAY & COMPANY - SALISBURY, MA	RYLAND DATES 2 6 02 Control 2. 100000	

> 10 C. 165 discourse, Horsenia parties of the sound of the sou Delighi (colons Delites Willelia Consultation has been the second and the second THORNE COM Shell thin, while hear thank their only daying the line of the committee the state of the state o REPORT OF THE PROPERTY OF THE

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02519 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02509

HEALIH DEPI.	1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
s sge	Wicomico Maryland	* STATE Maryland b. COUNTY Wicomico
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
(NF &	write RURAL end give neerest town) Salisbury D, QA	/ Parsonsburg
is die	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d, STREET ADDRESS 0. IS RESIDENCE
B fall	Peninsula General Hospital	ON A FARM? YES \(\text{NO } \text{NO } \text{SC}
fune fune ine tate ath.	3. NAME OF First Middle	Lest 4. DATE Month Day Year
f an the	(Type or print) Martha J Hasti	ings OF 2-2-62 19
ter the		8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
dead dead dead dead dead dead dead dead	F W WIDOWED K DIVORCED	10-4-1882 lest birthdey) Months Deys Hours Min.
ter 5 n 5 n d 2 hou	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	, , , , , , , , , , , , , , , , , , , ,
s aff	done during most of working life, even if retired) HOUSE WIFE OWN HOME	Manarila in 116A
Pes Pin Pin	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
T W W W	1 - FROH 10 hours	
E E E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	RHODA ROUNDS
With 18.	(Ver no or dekoun) ((franciscourses detections))	MRS. DANIEL J. PARKER, PARSONS BURB, M.
em with with any	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	1/RS. DANIEL J. JAKKER, JAKSONS BULL, MIS
in h	and a second sec	ONSET AND DEATH
and and	Great Control of the	stive heart failure Hours
d by per fice	DUE TO	
in i	geve rise to immediate cause	rotic heart disease Years
ding ler's ler's as a	(e), stating the underlying DUE TO	
ifica sed n, o	Cause last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Ex a signal	O FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BOTTO	PERFORMED?
wor wor ical Id b	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert I or Part II of item 18.)
ER: T g the f Med s shou rial, c	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter variate of injury in February and February
Writin writin Chie	Hour e.m. While Not While fa	A CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
EX the	21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection X Inquiry X, and in my opinion
D D D D		cide , Homicide , Undetermined manner
Sen gen	deall resulted from: Tantial causes , Accident	CHIEF MEDICAL EXAMINER
the the policy of a second sec	ACTUAL /4	ASSISTANT MEDICAL EYAMINER TO DATE SIGNED
RAL gnate	SIGNATURE	DEPUTY MEDICAL EXAMINER X
The sesion of	examiners Earlo Camden Ave. Sal	
DEP shou its d	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	
09409	BURIAL (Specify) 2/4/1962 Wicomico M.	remised Park SALISBURY, M.D.
H H	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
VS. A15ME SM 9/60	Hill & Nohwson G. SALISBURG	MO. DATEEB 6 '62 Chilling & Kinns
- 100 Au	The state of the s	

•

VR A1S (4) 1SM 7/61

PLACE OF DEATH	02520 It	em 9 Film G30	8 3/13/62	iwk	d Minatianalan Prof	dram balan adminis			
a. COUNTY	comico	MARYLAND	a. STATE Mary	lce (Where deceased live b. C	OUNITY -	hester			
b. CITY OR TOWN (if of write RURAL and g	utside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits,	write RURAL end gi	ive neerest town)			
Salisbury	VO (1001000 10 WII)	1,919 days	Cambri	dge	/	913 2			
-	L OR INSTITUTION (if not in hos		d. STREET ADDRESS			e. IS RESIDENCE			
Deer's He	ad State Hospi	tal	135 Wash	ington Stree	t	YES NO			
NAME OF DECEASED	First	Middle	Last	4. DATE	Month C	Day Year			
(Type or print)	Eva	Virginia	Henson	DEATH Feb	ruary 2	7 19 62			
i, SEX	S. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH		ears IF UNDER 1 YE				
Female	Colored WIDOWE		5- 188	7 747/5/	Months Day	ys Hours Min.			
Oa. USUAL OCCUPATIO		IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & Stele, or joreign cou	ntry) 12. CITIZE	N OF WHAT COUNTR			
done during most of worki		22	10000	haster C	s 11.	SA			
3. PATHER'S NAME	1	10010	14. MOTHER'S MAIDEN	NAME	0 0	(0,00			
£ 0	11 11			mit to	2-1-1-1				
5. WAS DECEASED EVER	IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Just 1V	now "	/			
	es give wer or detes of service)	a o	20- 0	, k -	diess.				
100		mu C	euce u	exius.		INTERVAL BETWEEN			
	ATH [Enter only one cause per I WAS CAUSED BY:					Years			
IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease									
1477	DUE TO								
Conditions, if any,	Conditions, if any, which (b) Arteriosclerosis, general								
gave rise to immediate (a), stating the und	DIJE TO								
causa lest.	enying (c)				1000				
PART II. OTHER S	IGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART 1) 19. WAS AUTOPS			
Cs	. of esophagus	with metastas	96			PERFORMED?			
PART II. OTHER S Ca 2Da. ACCIDENT WAS OR CONTRIBUTING OF EITHER, NOTIFY A		SCRIBE HOW INJURY OCCURE		Part I or Pert II of item 18.)	1 120 2			
OR CONTRIBUTING	CAUSE OF DEATH	TOWN HOOK! OCCORE	21 (2.110) (1010) 01 (11)						
		INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, far	m, ' 20f. (City or town)	(County	(Stete)			
2Dc. TIME OF INJURY Hour a.m.	While		tory, street, office bldg., etc.	:.)	(County	(31616)			
	19 at wor								
	t (I) (this hospital) atten								
saw the decease	alive on Feb. 2	719.62., and tha	t death occured at		ses and on the	date stated above			
22e. SIGNATURE	-1 /		70.)) A.H.		22b. DATE SIGN			
	Vyuerue	au,		MED. STAFF DIRECTOR PHYS.	x	2/27/62			
22c. PHYSICIAN'S			22d. ADDRESS			, , , , , , , , , , , , , , , , , , , ,			
NAME (Type)	V. Juerman, M.	. D.	Deer's He	ead State Ho	spital; S	alisbury, M			
	LI GOL PATE THEOLOG	23c. NAME OF CEMETERY			y, town or county)	(Stete)			
30 BURIAL, CREMATIO	N, 230. DATE INEKEUP								
BURIAL, CREMATION	m 601 1 1962	11/24 1	Person	1 Jan La D	10. 10a	ich me			
BURIAL, CREMATION (Specify)	May H, 1962	Waugh (Cem	Combred C'D BY REGISTRAR 256	REGISTRAR'S SIG	ich. my			

MARYLAND STATE DEPARTMENT OF HEALTH

2 1 2 2 3 Figure 2 - I have the property of the last Allendarios Co U.S. C. The Collection of the season orion to antionevolute of conficed avia Ca. of caprimum with rotation to ac Same 13 to the state of the same and the sam and the second section of the second Contesting the stand was selected about .L. Communication Mr. charles town I William C

VR A1S (4) 1SM 9/59

MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS B	ALTIMORE 1 MARYLA

02521 CERTIFICATE OF DEATH

02510

1.	PLACE OF DEATH o. COUNTY Wicomico			MAR	YLAND	a. STATE		ere deceased	b. COUNTY	on: Resider		e odmissi	on)
-	b. CITY OR TOWN (If RURAL and give nee	outside corporate lim	nits, write	Y IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
F	d. NAME OF HOSPITA OR INSTITUTION	L (If nat in haspital,		d. STREET A	Sbury			7/		e. IS RESI ON A	IDENCE FARM?		
	601 Came	len Ave				601	Camde	n Ave				YES	NO
3.	NAME OF DECEASED (Type or print)		irst	COLLIER	е	Lo:		4. DATE OF DEATH	Mar Febr	uary	Do 2	,	rear 19 62
S.	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARR	HED (X) B.	DATE OF BIRT	Н	9	AGE (In years	IF UNDER	1 YEAR		R 24 HRS.
	F	W	WIDOWI	_		Jan. 26	-		76 yrs.	Months	Days	Hours	Min.
10	 USUAL OCCUPATIO during most of working 	N (Give kind of work ng life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPI	LACE (State	or foreign cou	intry)	12. CIT	IZEN OF	WHATC	OUNTRY?
L	School Tea	cher				Mar	yland			J	J. S	. A.	
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
	George C.	Hill				Mary	Mc G	rath					
15	WAS DECEASED EVER	IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO	O. 17, INF	ORMANT			Add	ress	6 =		
10	No.	f yes, give wor or dates of	servicei		C	lara Mo	Grath	Hill,	Same				
F	IB. CAUSE OF DEA	TH [Enter anly one co	quse per li	ne for (a), (b), and (c).1	A		-			INTE	RVAL BE	TWEEN
		H WAS CAUSED BY:		16	0	600	2 6	411	Shack		ONS	EL AND	DEATH
	154	IMMEDIATE CAUSE (-	ST COLO	my.	acn	non	May 1	014			000	3
	1 27/		6	~		1	- /	4.			1	19	1
	Gonditions, if an	mediate	b)	aren	- Ay	ma of	16	c/ u		_	-	1 6	gro
	cause (a), stating the under-												
7	lying cause last.		(c)										
CATION	PART II. OTH	er significant con	NDITIONS <u>C</u>	CONTRIBUTING TO D	EATH BUT N	OT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	RMED?
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY	OCCURRED.	(Enter nature o	of injury in F	Part I or Port	II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	' Month, Day, Ye	While	NJURY OCCURRED Not while	20e. PLA	CE OF INJURY (ary, street, affic	(Hame, form e bldg., etc.	, 20f. (City (or tawn)	(County)		(State)
	21. I certify that	(I) (this haspita	al) attend	ded the deceased	fram		19.	, .ta		19_	th	at (1) (v	we) last
		ed alive an						10					
1	220. SIGNATURE-			3 5	1				020000 0.		0 00.0		D. DATE
	ale	en /	1.	tisto-	M	D. PHYS.	G ME	RECTOR	STAFF PHYS.				SIGNED
	22c. PHYSICIAN'S					22d. ADDR		/		٠.			
	NAME (Type)	VILLIAM X	1. 715	SHER JR.	MII	MEdi	CAL	CENTE	R SAL	1564	RY	Md	<i>'</i> ,
23	BURIAL, CREMATION REMOVAL (Specify)	Feb. 27	OF 196	23c. NAME OF CEA	0	crematory			on (City, town, sbury, A			(Stote	e)
					- put			UCL I	DILLIA I				
24	- del bitale distribution		9.170		2 Citt	JUGI Y	250 DECT				GNATU	PF.	
24	FUNERAL DIRECTOR'S			ADDRESS	O. O. O.	, ociy	2So. REC'I	D BY REGISTR	AR 2Sb. REG	STRAR'S SI			

VR A15 (4) 15M 7/61 W

MARYLAND	STATE	DEP	ARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02522 CERTIFICATE OF DEATH 02511

1. PLACE e. COUN	Micomico	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) X Salisbury								
write	NTCONICO MARYLAND OR TOWN (if outside corporate limits, RURAL end give nearest town) LLISbury 36 days									
	eer's Head State Hospital	Rt. 4. (Mt. Herman) Residence ON A FARM?								
3. NAME DECEA (Type or	SED JOS	eph Last 4. DATE Month Dey Yeer OF Hotton DEATH February 27 19 62								
5. SEX		Dec. 21, 1873 9. AGE (In years last birthdey) 88 yrs. FUNDER 1 YEAR IF UNDER 24 HRS. Hours Min.								
done during Farm 13. FATHER NICH	nolas Hotton ECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In the control of the control	Guersney Islands-England ENGLAND 14. MOTHER'S MAIDEN NAME Ann Carroll INFORMANT S. Henrietta E. Hotton(Wife)R.D.#4 tt. Hernon) Salisbury, Maryland								
Conditi gave ri (e), ste	RT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?								
OR CO	Fracture of left hip CCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED ATRIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)	YES NO . (Enter neture of injury in Pert I or Pert II of item 18.)								
0										
22e. S	certify that (1) (this hospital) attended the deceased from the deceased from 1962, and that IGNATURE	Jan. 22, 19.62 to Feb. 27, 19.62, that (I) (we) last deeth occured etc								
REMOVA BU 24 FUNERA	L CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY 1/2 PARSONS C L DIRECTOR'S SIGNATURE ADDRESS DWAY & COMPANY SALISBURY, MARY	emetery Salisbury, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								

MIRHO NO STADISMINIO CON COMPARIO The Parket of the State of the dasers dated the state of the s Service Athrees of the second section of the And I have a state of the Lawrence of the state of the st A Series 13 des a Series de la companya de Series de la constitución d A CONTRACT OF THE LOSS OF THE STATE OF THE S OF OTHER DESIGNATION OF THE PROPERTY OF THE PR

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALT	NT OF HEALTH
------------------------------------	--------------

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 02523 CERTIFICATE OF DEATH

B. COUNTY WARYLAND B. STATE SCUNITY WARYLAND C. LENGTH OF STAY IN 1b Left Or TOWN [if guiside corporate limits, write RURAL and give neerest lown) A. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street address) J. STREET A. DATE Middle Last A. DATE OF DECHASED (Type or print) S. SEX A. COLOR OR RACE T. MARRIED NEVER M	nission)
b. GITT OR TOWN (If outside corporate limits, write RURAL and give neerest lown) With RURAL and the nearest town A NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street address) d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESS ON A VEST OF DEATH	
d. NAME OF JOSPITAL OR INSTITUTION (if not in hospital, offer street eddress) 3. NAME OF DECEASED (Type of print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOT SET UNDER 1 FUNDER 1 FUNDER 2 House 100. USU/IL OCCUPATION/Give kind of work done during most of working life, even if refired) 10. USU/IL OCCUPATION/Give kind of work done during most of working life, even if refired) 11. FATHER'S NAME 12. CAUSE OF DEATH [Enter only one ceuse per line lor (e), (b), end (c).] 13. FATHER'S MASE 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one ceuse per line lor (e), (b), end (c).] PART I. DEATH WAS CAUSED BY; IMMEDIATE CAUSE (e) ULL TO THE CONTROL OF THE CONTROL	
d. NAME OF JOSPITAL OR INSTITUTION (if not in hospital, of street eddress) 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 Hours 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT CO done duping most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c).) 17. INFORMANT 18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c).) 18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c).) 19. ASTREET ADDRESS OF MONTH 4. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2 Hours Interval Berry	
3. NAME OF DECEASED (Type or print) 5. SEX GOLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers if UNDER 1 YEAR IF UNDER 2 Hours Isst birthdey) yrs. 10e. USU/IL OCCUPATION (Give kind of work done dying most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. AKMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, kd, or unkown) (If yes give was brideles of service) 18. CAUSE OF DEATH (Enter only one ceuse per line lor (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) - Uterrus Selectoric Service) ON YES OF DEATH (Enter only one ceuse per line lor (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) - Uterrus Selectoric Service) OUE TO Conditions, if eny, which gove rise to immediate ceuse	
3. NAME OF DECEASED (Type or print) 5. SEX GOOR OR RACE 7. MARRIED NEVER MONTHS Devs Hours Nonths Devs Hours Nonths Devs Hours Nonths Never Months Never Months Never Months Never Months Never Months Never Neve	
DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 7. J. Gest birthdery Stephin 15 work 16 work 16 work 16 work 16 work 16 work 17 work 17 work 18 work 18 work 19 work	0 🗌
S. SEX G. FOLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers If UNDER 1 YEAR IF UNDER 2 Hours If UNDER 2 Hours If UNDER 2 Hours If UNDER 3 Hours If UNDER 4 Hours If UNDER 5 Hours If UNDER 6 Hours If UNDER 6 Hours If UNDER 7 Hours If UNDER 7 Hours If UNDER 7 HOURS If UNDER 8 Hours If UNDER 9 H	
5. SEX SEX COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers last birthdey) 10. USV/) OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT CO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one ceuse per line lor (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Utlerus Sulvation Usuation Usuation United Sulvation United Sulvat	.2
10e. USV/IL OCCUPATION/Give kind of work done during most of working life, even if retired 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT CO Conditions 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. AFMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	HRS.
10e. USV/L OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT CO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (Ves, ard, or unkown) (Ifyesgive werbrdelesof service) 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (e) ODUE TO Conditions, if eny, which gave rise to immediate couse (b) Provided Astherna OSY26 SY26 ONSET AND DE SY26 ONSET AND DE ONSET AND DE	Min.
13. FATHER'S NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. AFMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (Ves, ard, or unkown) (Ityes give warper deless of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate ceuse (b) Provided Astheura SCASINA WAS DECEASED EVER IN U.S. AFMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (Informant Address (Information Address	JNTRY?
15. WAS DECEASED EVER IN U.S. ALMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, fig. or unkown) (Ifyesgive varor detes of service) 36-61-81/D Merthes Jenkins (Interval Betwoen Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Utlered Scleratic Hand Onset and DE 24 cm (b) Paralless as the immediate cause of the part is to immediate cause (b) Paralless as the commediate cause (b) Paralless as the commediate cause (c) Syze (c)	
15. WAS DECEASED EVER IN U.S. ALMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, fig. or unkown) (Ifyesgive varor detes of service) 36-61-81/D Merthes Jenkins (Interval Betwoen Part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Utlered Scleratic Hand Onset and DE 24 cm (b) Paralless as the immediate cause of the part is to immediate cause (b) Paralless as the commediate cause (b) Paralless as the commediate cause (c) Syze (c)	
15. WAS DECEASED EVER IN U.S. AFMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, rid, or unkown) (Ifyesgive wasprdeles of service) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) OUT TO DUE TO Conditions, if eny, which geve rise to immediate cause (b) PARTILIDEATH WAS CAUSE (e) OUE TO Conditions, if eny, which geve rise to immediate cause	
(Yes, fid. or unkown) (Ifyesgive washrdeles of service) 360-61-81/D Merthe Jenkins . 18. CAUSE OF DEATH (Enter only one ceuse per line lor (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Utlerus & clurchic Therefore Conditions, if eny, which geve rise to immediate cause (b) Provides Asthera	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) ONSET AND DE 24 20.0 DUE TO Conditions, if eny, which gave rise to immediate cause (b) Phronchical Astherna 5426	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Utlered Scleratic Theat ONSET AND DE 24 20. Conditions, if eny, which gave rise to immediate cause (b) Paraslical Astheria Syza	
420.0 DUE TO Conditions, if eny, which gove rise to immediate cause (b) Provides Astherna 5426	
Conditions, if eny, which gove ise to immediate cause (b) Propolical Astherna 5426	0,
Conditions, if eny, which gove ise to immediate course (b) Promotived astherna	
geve rise to immediate cause	10
(e), steting the underlying DUETO	
(0)	OPSY
PERFORI	AED?
YES N	, 🗀
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PREFECTION PERFORM YES N YES N OR CONTRIBUTING NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS OR CONTRIBUTION NOT NOT NOT NOT NOT NOT NOT NOT NOT N	
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 20d. INJURY OCCURRED And While Hour et work et work et work the	ete)
P.m. 19 et work et work	
21. I certify that (I) (this hospital) attended the deceased from Feb 1 4 1962 to Teb 21, 1962 that (I) (w	e) last
saw the deceased alive on Feb 20 1962, and that death occurred aB.AM, from the causes and on the date stated	
22e. SIGNATURE . // 22b.	DATE
M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S 22d. ADDRESS	
NAME (Type) A S KUL Iman	
2300 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sant	1
GEMOVAK (Specify)	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE	
B	
DATE AR 5 '62 Curling & House	

351750 arries parties 16 50N -107 10 100 61 seese 5 Levens paried from front Christine Willey - Bores 314 Treethe Jampin The street of the Brown State Miller and the second s The design of the second 一一一一一一一一一一 Since I at 6th Shouthout arm We recomer Books on West

ESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH AND** OF DEATH Film G308 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY MARYLAND 1166m160 WICOMICO be 7 b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL/end give nearest town) SHUX Pages within filled . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address ON A FARM? YES NO carbon papers. completely executed 3. NAME OF DATE Year Middle Month DECEASED OF DEATH (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years 5. SEX and last birthday) Days Months Hours WIDOWED DIVORCED certificate 12. CITIZEN OF WHAT COUNTRY? physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working life, avan if retirad) LINCTA 13. FATHER'S NAME death ding d 0 affen 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yas, no. or unknwn) | (If yas giva war or dates of service) INTERVAL BETWEEN permit. 1B. CAUSE OF DEATH (Enter only one causa par line for (e), (b), end (c), physician. ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY 6 signed IMMEDIATE CAUSE (a) burial-fransit DUE TO ending Conditions, if any, which (b) gave rise to immediate ceuse DUE TO (e), stating the undarlying att cause lest. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) AUTOPSY 0 PERFORMED? certificat as of NO F CERTIFICA use prior 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) è After 1 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Steta) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Whila Not Whila Hour e.m. at work et work CTOR: 21. I certify that (I) (this hospital) attended the deceased from.... 10. saw the deceased alive on 286. DATE 22a. SIGNATURE SIGNED ATTENDING ED PHYS. PHYS. DIRECTOR M.D. death. Page 4

FO FUNERAL

director, page 3

be filed with th HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION, | 23b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) Green OH 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Kraus 15M 9/60

81250 College Colleg Examination of the state of the THE WAR WELL THE Farmer a B while y and a man DIATES COLORESTE DE LE 1816 - 1816 - 1816 CLSAN FLORER DIVER MERTINIAN MARY land the Hondorks Burnett yes wall from rest Mer har the Jolley Palish rough & Coronary Themetosson All states 21906 62 EAPRINEIL Schotung mil Sa Perguil Buch 2 It-62 Gran Hors Sulisbury Mid. James and the section of the transfer of the second 90

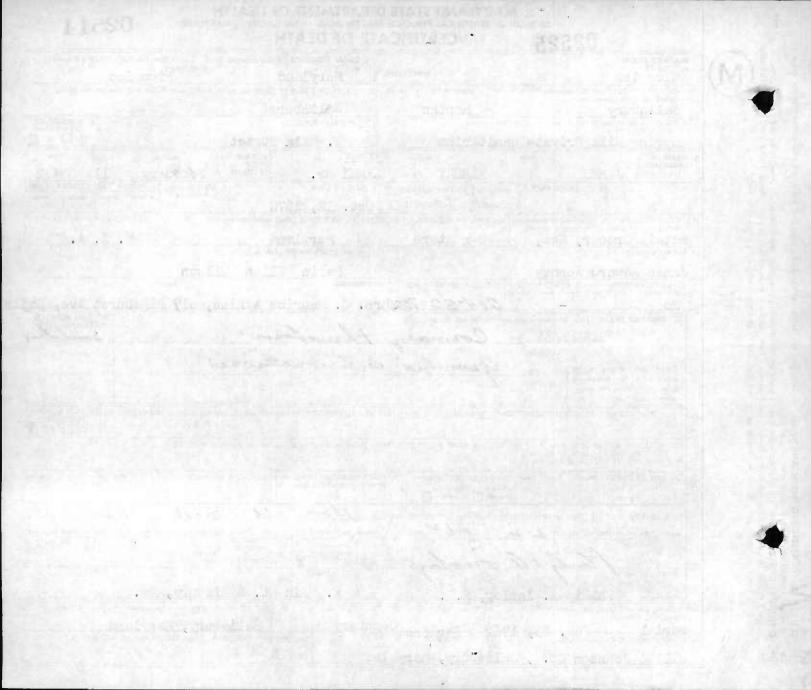
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02525

02514

o. COUNTY WICOMICO			MARYL		a. STATE	pence (whe	ere deceased	d lived. If institute b. COUNTY	ion: Residence l	before admission)
b. CITY OR TOWN (I RURAL and give no Salisbury		s, write	c. LENGTH OF STAY I	N 16	0	isbury		rate limits, write f	RURAL and give	nearest tawn)
	AL (If not in hospital, g			- 1	d. STREET A				- 11	e. IS RESIDENCE ON A FARM? YES NO
				ECTOR TR			1			
NAME OF DECEASED (Type ar print)	Fin MES		ALBERT	KENN	MX Sr		4. DATE OF DEATH	Febru		Day Year 1962
SEX M	6. COLOR OR RACE	7. MARRII	DIVORCED		t. 12			9. AGE (In years last birthday) 97 yrs.	Manths Da	EAR IF UNDER 24 HP
	ON (Give kind of work of		460					/ miles	12. CITIZEN	N OF WHAT COUNTR
Retail Gro	ring life, even if retired)		Own Store		Man	ryland		AL DO	U.	S. A.
FATHER'S NAME				14	I. MOTHER'S	MAIDEN N	IAME			
James Edwa	rd Kenney				Mar	ia El	len	Wilson		
	R IN U. S. ARMED FOR		OCIAL SECURITY NO.	17. INFOR	MANT			Add	ress	
No	til yes, give wor or dates or se	2	14-32-70	Mrs.	C. Ma	aurice	Adki	ns. 619	Pinehur	st Ave. Sa
18. CAUSE OF DEA	TH [Enter only ane ca	use per line	e far (a), (b), and (c).]	-						INTERVAL BETWEEN
Canditians, if a gove rise ta i cause (a), stoting lying cause last.	mmediate (9	Cormar	au	hre	ach	hos	us '		
PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	HER SIGNIFICANT CONI	DITIONS CO	ONTRIBUTING TO DEA	TH_BUT NOT	RELATED TO	THETERMI	NAL DISEAS	E CONDITION GI	VEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (E	nter nature o	if injury in f	Part I ar Part	t II af item 18.)		
20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Yea	While	JURY OCCURRED Nat while ot wark	20e. PLACE factory,	OF INJURY (street, affic	Hame, farm e bldg., etc.	, 20f. (City	ar tawn)	(Cau	nty) (Sta
21. I certify the	it (I) (this haspital) attende	ed the deceased f	fram	Nor	12	61, ta_	2-11	1967	Lthat (I) (we) to
saw the deceas	sed alive an 2.	2	196 _ and	that deat	h accurre	d at	M, fram	the causes ar	nd an the d	ate stated abav
22a. SIGNATURE	Hier	11-	Ind.	M.D.	ATTENDIN PHYS.	G ME		STAFF PHYS.		22b. DATE SIGN
22c. PHYSICIAN'S NAME (Type)			7		22d. ADDR	ESS		Halla	21.2	
a. BURIAL, CREMATIO			23c. NAME OF CEME	TERY OR CR		Tall S		lisbury,		(State)
REMOVAL (Specify)	Fob 12	1060	Dasses	Cemet	ery		Sali	sburv. M	arvland	
FUNERAL DIRECTOR		1702	ADDRESS				BY REGIST	RAR 25b. REG	ISTRAR'S SIGN	
Hill & Joh	nason Co.,	Sali	sbury. Mar	valnd		DATE	1 9 02	- COM	- 1 M	

VR A1S (4) 15M 9/59



VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 12525

0	2	5	1	5
0		S		1

1. PLACE OF DEATH o. COUNTY Wico	mico Count	y	MARYLAND	o. STATE	idence (Wharylar		lived. If institution b. COUNTY			ounty
b. CITY OR TOWN (IF RURAL and give new Sali		ts, write	c. LENGTH OF STAY IN 16	1./	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar					
d. NAME OF HOSPITA OR INSTITUTION Deer	AL (If not in hospitol, g			d. STREET		t Stre	eet		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir W il	liam	Middle James	ken		4. DATE OF DEATH	Febru		Doy 14,	Year 1962
s. sex Male	6. COLOR OR RACE White	7. MARRI WIDOWEI	ED NEVER MARRIED DIVORCED DI	B. DATE OF BIRT	16,1		P. AGE (In years last birthday) 81 yrs.		_	NDER 24 HRS. urs Min.
10a. USUAL OCCUPATIO during most of working Painter	N (Give kind of working life, even if retired)	KIND OF BUSINESS OR IND		LACE (Stote elawa)	or fareign cau	untry)	12. CITIZ	EN OF WH	AT COUNTRY?
13. FATHER'S NAME Wi	lliam J. K	enney		14. MOTHER	artha					
1S. WAS DECEASED EVER	IN U. S. ARMED FOR	ervice)	OCIAL SECURITY NO. 17.	INFORMANT Ethan	Kenne	ev. De	Add	ress Md.		
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	er significant con	DITIONS CO	ONTRIBUTING TO DEATH B	rios	che	essi	2,	VEN IN PART	PI	VAS AUTOPSY REORMED?
20c. TIME OF INJURY Hour o. m. p. m.	Manth, Doy, Ye	While	JURY OCCURRED 20e. Not while of wark	PLACE OF INJURY factory, street, office	(Home, farm ce bldg., etc	20f. (City	or town)	(Co	ounty)	(State)
21. I certify those saw the deceose 220. SIGNATURE 22c. PHYSIC MAME (Type)	le of	ottend	auty	death occurred ATTENDIN PHYS. 22d. ADDR	4:50 RESS Dec	M, from to A.M. ED. RECTOR PRECTOR HE		e Hosp	dote sto	l) (we) lost ted above. 22b.DATE 11/62
230. BURIAL, CREMATION REMOVAL (Specify) BURIAL	2-17-6	OF 2	23c. NAME OF CEMETERY Ralph Hil	OR CREMATORY			ion (City, town, Lmar, D	-	RFD	(State)
24. FUNERAL DIRECTOR'S	signature Marvel	Co.	ADDRESS Delmar, Del	1.	25a. REC	FEB 1 6		Cathur ,		A

CERTIFICATE OF DEATH things as him to the street of Service of the first transfer of the land of the service of the se South the second of the second The second secon PERSONAL PROPERTY OF THE PROPE

VR A15 (4) 15M 9/60

8

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (2527 CERTIFICATE OF DEATH

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Whara daceased lived, If institution: Rasidenca before edmission)
	WICOMICO MARYLAND	MARYLAND b. COUNTY SomeRSE TV
-	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
15	write RURAY end give nearest town) ALISDURY	Mointe 19x.2
1	A NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. 15 RESIDENCE
1	PONINGILA GENERAL HESPITAL	ON A FARM? YES NO D
13	NAME OF First Middle	Lest 4. DATE Month Dey Yeer
1 3.	DECEASED .	// · OF ~/
	(Type or print) DAISEY E /	TRICK DEATH FEBRUARY 26, 1962.
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
1	emale white widowed to divorced 1	1110.21, 1884 17 yrs.
	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	RY JA. BIRTHYLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1 00	Me during most of working life, even if ferifead)	Williamount Pa 11 &A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	nithmess.	Grand ld sullinger
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	s, no, or unkown) (Ifyes give war or detes of sarvice)	m. 1 Westoner
-	220-03.011	Ins Jean Janusin
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Myo Cardial	Infanction dus to
	DUE TO S	
	Conditions, if eny, which) (b) Unteriosale	rotic Heart Disease
	geve rise to immadiata cause	
1	(a), slening the underlying	
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CATION	Dust hades They	PERFORMED?
15	ryelonephrins with	20 010
CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Part I or Part II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
MED	Hour a.m. While Not While p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	May 1960, to Jel 26, 1902, that (1) (we) last
		at death occured at
		22b. DATE
	22e. SIGNATURE	ATTENDING MED. STAFF
	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.
	NAME (Type)	Disa BLUPI Salishum Md
		Trine Dial Var comproved into
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY And LOCATION (City, town or county)
1	Jurial 3-1-62 Orisle	Cemelers arule, 1/11
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Tein Wilson Immeen	YMG BATE MAR 5 '62 Civiling & Heave
1		

81850 £ 63 5 0.5000000 1811 NOWER GEORGE 1 16513 170 M THE SELECT THE STREET STREET James 12 horse one 5 me 11884 TI more a summer of the such natherised Corner Race finance 220-03017 Mrs leave Johnson With Low Birthal 3-1-12 Course Convers Oracles on Leave the leave Promoder Small we will

MARYLAND STATE DEPARTMENT OF HEALTH ON STREET, BALTIMORE 1, MARYLAND 02528 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) e. COUNTY within 24 hours WICOMICO WICOMICO MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town SALISBURY Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) DECEASED OF (Type or print) DEATH AGE (In yeers | IF UNDER YEAR last birthdey) and Months | WIDOWED D DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House Work at Home None Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Then please Charles Sturgis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mary Parsons and 16. SOCIAL SECURITY NO. _ 17. INFORMANT moval, Adkins(Daughter)205 S. Naylor (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs.Bertha M Salisbury, Maryland the 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] g physicia PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO geve rise to Immediate cause DUE TO (e), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate 98 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) for the After 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) Month, Dey, Yeer factory, street, office bldg., atc.) Not While Hour a.m. et work et work . p.m. TOR: 1962 to 2 - 23, 1967 that (1) (we) last (1) (this hospital) attended the deceased from 2 - / 14, .196.2, and that death occurred at 4.2.M, from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE DI 3 sh STAFF ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type . William B. Smith Salisbury, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

ADDRESS

SALISBURY, MARYLAND

ON A FARM? YES NO

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO [

(Stete)

22b. DATE

(State)

258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

arthur & Thouse

2 '62

SIGNED

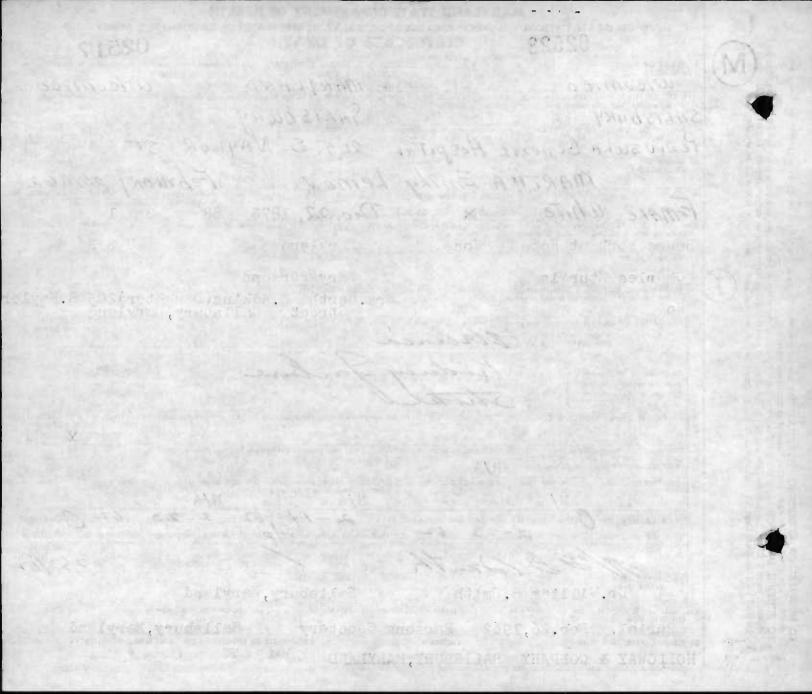
death. Page 4 r fo FUNERAL I director, page 3 be filed with the VR A15 (4) 15M 9/60

Burja

HOLLOWAY &

24 FUNERAL DIRECTOR'S SIGNATURE

COMPANY



MARYLAND-STATE DEPARTMENT OF HEALTH

ne funeral 2 should

CO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIM COR: After this cartificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02518 02529

N	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission)
Al	o. COUNTY	e. STATE MC TITLE B. COUNTY
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
1	write RURAL and give neerest town)	
	SALISBURY	12 Salisbury
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
9	Peninsula, General Hospital	211X Naylor St YES NO X
	3. NAME OF First Middle	4. DATE Month Day Yeer
	(Type or print) W/// 26 EV/VSEN	LITTEL DEATH FEBRUARY 8 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers WUNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Deys Hours Min.
		une 13,1909 52 yrs. 5 25
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Employee-Newspaper Co. (Mat. Manager	e) Dover, Delaware USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles S.Lilley	Mary A.Johnson
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (Ifyes give were released service)	NFORMANT S. Margaret Lilley(Wife)211 Naylor St
	1// 0	Margaret Lilley(Wife)211 Naylor St Salisbury, Maryland
	1B. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and (g.)	INTERVAL DETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Manelion Inrs
-	443 0 DUE TO 0/2	111 . 1
	Conditions, if any, which > (b) of the and one	Thompson 35rs.
	gave rise to immediate cause	
	(a), stefing the underlying DUE TO	상실하다 영화를 하고 있을까지 그리고 있습니다.
	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CAT	YES NO
	OR CONTRIBUTING [] CAUSE OF DEATH	(Enter neture of injury in Pert I or Pert II of item 1B.)
3	II/ D	
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, streat, office bldg, etc.)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. p.m. N/A 19 et work et work	N/A N/A
	21. I certify that (I) (this hospital) attended the deceased from	Hille 196 to 786 8 16 2 that (1) (we) last
П		death occured at 7
	276. HIGNATURE	/ 2/h DATE
	1 x au 1/11/1 /2001 1/1/2	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
	122c PHYSICIAN'S	22d. ADDRESS
	NAME (Type) r. Earl M. Beardsley	Md.Ave. Salisbury, Maryland
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	REMOVAL (Specify)	
	Burial Feb. 10, 1962 Spring Hill	Memory Gardens- Salisbury, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
5	HOLLOWAY & COMPANY SALISBURY, MARY	CLAND DATE FER 9 '62 ather S. Fines

F. (CSI) A STATE OF S The State of the S 3-3411 way - wild the property of the control of the property of the control of the cont The state of the section the second and the contraction of national and the factor DESTRUCT LEDGER, Negrating V saraphta vuojas viriationen jardie 1 BOLLOWE & COMPANY SANSTERED & TANCING

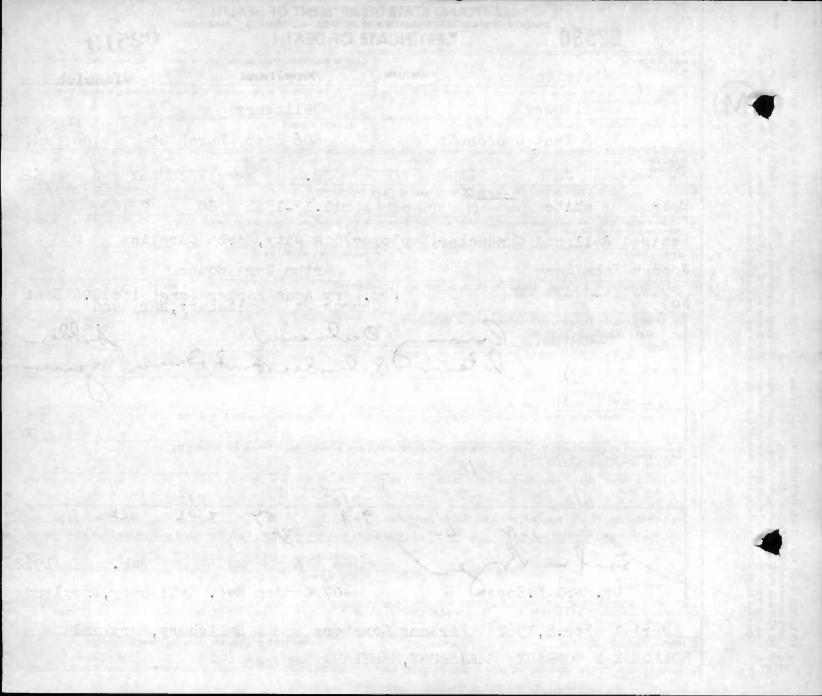
VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02530

02519

PLACE OF DEATH O. COUNTY	Wicomico		MARYLAND	2. USUAL RE	Maryl		l lived. If institut b. COUNTY	,	e before odr	
b. CITY OR TOWN RURAL ond give	(If outside corporate limit negrest town) Salisbury	s, write	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (IF C		rote limits, write	RURAL ond gi	ve nearest to	own)
d. NAME OF HOS OR INSTITUTION	N806 East				806 E	ast C	hurch S	St	10	RESIDENCE N A FARM? NO 🔼
3. NAME OF DECEASED (Type or print)	JOHN	it	FRANK LON		R.	4. DATE OF DEATH	FEBRU		Doy 6	Year 19 62
s. sex Male	6. COLOR OR RACE White	7. MARR	IED 🖪 NEVER MARRIED 🗌	B. DATE OF BI	.13-1		9. AGE (In years last birthdoy) 80 yrs	Months 1	YEAR IF UN	NDER 24 HRS.
during most of w	arking life, even if retired)		kind of Business or Inductor (Emplo	yee)Oa		y, Nor			EN OF WHA	S A
Joseph .	John Long			Ma	rtha i	Dora	House			
1S. WAS DECEASED E	VER IN U. S. ARMED FOR (If yes, give war or dates of so	CES? 16.	SOCIAL SECURITY NO. 17.	informant s.Mary Church	Anna St	Park Sali	er Long	r(Wife		East
Conditions, if gove rise to couse (o), stotin lying cause los	immediate ag the under-	2	CONTRIBUTING TO DEATH BU	3 July	TO THE TERM	Am	A Pui	VEN IN PART	1(a) 19. W)	AS AUTOPSY RFORMED?
(IF EITHER, NOTI	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	Eribe how injury occurs \mathbb{N}/\mathbb{A}	RED. (Enter natur	e af injury in	Part 1 or Port	II of item 18.)			ON X
Y 20c. TIME OF INJ Hour o. m p. m	1. AT /A 10	While at worl	_ Nat while _	PLACE OF INJUR foctory, street, of N/A			or town) N/A	(Co	ounty)	(State)
	hat (I) (this haspital	10-	led the deceased fram		red at ZA		the causes a) (we) last ed abave. 22b. DATE
220 PHYSICIAN'S	1-1	/	1	M.D. PHYS.	D D	IRECTOR	STAFF PHYS.	Feb.		SIGNED 196
NAME (Type	.	Roye	0	22d. AD 407		en Av	e. Sali	sbury	, Mar	yland
Buria.	Feb.8.1	962	23c. NAME OF CEMETERY Parsons C	or CREMATORY			ION (City, town,	Mary	rland	Stote)
HOLLOWAY		v c	ADDRESS	DVT AND		D BY REGIST		ISTRAR'S SIĞ		
HOLLOWA.	Y & COMPAN	T D	ALISBURY, MA	LILAND	DATE	EB B	62 (Littury &.	1 Crancill	



FOR STATE HEALTH DEPT.

PM3. P. Office along burial-transit Office al Jevor a F Examiner's should be used rial, cremation, Medical E EXAMINER: This writing Chief / Page 3 s 0 0 DIRECT should be forward FUNERAL designated DEPUTY 40 VS. AISME

5M 9/60

MARYLAND	STATE DEPARTMENT	OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY Wicomico a. STATE b. COUNTY Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporata limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write BURAL and give nearest town) Fruitland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital Morris YES NO 3. NAME OF First Middle 4. DATE Year DECEASED OF Wrightson (Type or print) Marshall DEATH 19 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last_birthday) Months WIDO WED I DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) abor 13. FATHER'S NAME 14. MOTHER'S LED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no or unkown) | (Ifyasgiva ward dates of servica) CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral hemorrhage Hours spontaneous IMMEDIATE CAUSE (a) DUE TO Hypertensive cardio-vascular disease Conditions, if eny, which Years (b) gave rise to immediata cause DUE TO (e), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO To 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 200, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes X Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE Royer DEPUTY MEDICAL EXAMINER X EXAMINER'S SalisburyAddrom (Breat, city, town, or county) NAME (Typa) 22a, BURIAL, CREMATION. 22d. LOCATION (City, lown, or country), (State) REMOVAL (Spacify) uria 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

DATE FEE 9

The state of the s AZJU topalysist of prictory actions As burey Marshall L. Emily Cordinate Yes I will I I would be to her shall you Church, Ver rice of the company of the second free flow of the second section of the second Spridt 2-c cellent Hall Com. Por ne cety in Starrength was New Cheen, Vision 20 5

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

Oo.

	PLACE OF DEATH 9530	2. USUAL RESIDENCE (Where deceased lived, If institution particular before edmission)
	OUNTY COMICS MARYLAND	a. STATE MARY LAND b. COUNTY SOMERSETV
-	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town)
	write RURAL end give neerest town)	Doring Dalla 19x2
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	PRINCESS ANNE 19X2.
-	7	ON A FARM?
-	Yeninsula General Hospith	Kural YES NO
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
	(Type or print) GREHA Belle 1	MARTIN DEATH FEBRUARY 25 1962
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	Female White WIDOWED DIVORCED _ A	102 10 1881 Sprindey Months Days Hours Min.
100	USUAL OCCUPATION (Give kind of work peduring most of working life, even if retired)	Y 1) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Touse wite.	Kennsylvania U.S.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address
(Ye	ss, no, or unkown) (Ifyesgivewerordetasofservice)	re l'exence Barnes Princess Han
	1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) TYOCAY OLG	- Marction
	S60 DUE TO	. It was the w
	Gooditions, if eny, which geve rise to immediate cause	rage from Hiatus Hernia
	(a), stating the underlying DUE TO	
	couse lest. (c)	
ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION		YES NO
HE	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury In Part I or Part II of item 18.)
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
3		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
MEDICAL	Hour a.m. While Not While et work et work	ory, street, office bldg., etc.)
	21. I certify that (I) (this nospiral) attended the deceased from	10/29 1900 to 2/25 1964 that (I) (we) last
	_ / 3 - / 3	death occured a
	saw the deceased alive on	22b. DATE
	1 -11 0 1 0 1 0 1	ATTENDING MED. STAFF 2/2 SIGNED
	22c, PHYSICIAN'S	D. PHTS. DIRECTOR PHTS.
	NAME (Type)	Pins Bleil Road Soles Dary Md
=	BURIAL CREMATION, 236. DATE THEREOF 236, NAME OF CEMETERY	
	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OK CREMATORY
Y	107121 12/28/62 36. Hndp	rews rincess prine ma.
124	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
CX-	ned Human Whelse HX	re MARTE MAR 2'62 Conting & House

Perinted to Consider the Sand State of Street Sand The state of the s 1 Fr. 43 1886 Car Frankle & Wall Comment Femal Name Ites Housewife Mrs Clarence Barnes Lancesol Mariet Staffer St. Hudgens Fincess fine Had The me therman I develor true here is a

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH

1, PLACE OF DEAT			1	2. USUAL RESIDE	NCE (Whare			anca bafora a	dmission)
a. COUNTY	init on Day 3	3 MARYL	NATO	a. STATE b. COUNTY Wicomico					
	in 1.CO () (if outside corporate limits.	c. LENGTH OF STA		Mary La	N (If outside co.	rporata limits, writa	RURAL and giv	e nearest tow	(n)
writa RURAL and	d giva nearest town)	0/30	100	10			7 1 1		
Salisbu	TY ITAL OR INSTITUTION (if not in	Since 6/16		d. STREET ADDRE		C 1		a IS DI	ESIDENCE
			iss)			Chesape		ON	A FARM?
	uff State Hos		Pacific A				YES	NO	
3. NAME OF DECEASED	First	Middla		Last	4. DATE			y Yaar	
(Type or print)	Lemuel	Reed		Mason	DEAT	н Feb.	4	4 19	62
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED) B	. DATE OF BIRTH		9. AGE (In years			
Male	\$578 L	OWED TO DIVORCED	3.7	ov. 23, 18	377	last birthday) 84 yrs.	Months Days	Hours	Mln.
10a. USUAL OCCUPAT	FION (Give kind of work orking life, even if ratired)	b. KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Co	ounty & Stata, o	or foreign country)	12. CITIZEN	OF WHAT C	OUNTRY?
Farmer	orking into, avail il lailled)			Bloxom, V	Tirgini	а	IIS	SA	
13. FATHER'S NAME				14. MOTHER'S MAID				722	
Mai	or Mason			12.1 i	zaheth	Clayton			
	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO	D.I 17. I	NFORMANT	. EJOUGE GIA	Address			
	If yas giva war or datas of service)		Do	cords of F	Pine Bl	uff Stat	o Hasni	tal	
No La Cause de l	DEATH (Enter only one cause	(b) and (a)	5	cords of r	THE DI	ull Stat		NTERVAL BET	WEEN
	TH WAS CAUSED BY:			m 3-	. 1			ONSET AND	DEATH
- 10	IMMEDIATE CAUSE (a)	Puli	mona	ry Tubercu	llosis			10 yr	s.
000	DUE TO								
Conditions, if an	y, which (b)								
gava risa to immad	DUE TO								
(a), stating tha u	undariying								
	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1(a)	19. WAS A	UTOPSY
2	-		-					PERFO	PRMEDY
5	Emphysema							YES	NO K
OR CONTRIBUTING	AS UNDERLYING [] 20b. G [] CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJURY C	OCCURED	, (Entar nature of injury	in Part I or Part	I of item 18.)			
20c. TIME OF INJU	URY Month, Day, Yaar 2	Dd. INJURY OCCURRED		CE OF INJURY (Homa, I		ity or town)	(County)		(Stata)
Hour a.m.		Vhila Not Whila work at work	tact	ory, streat, offica bldg.,	arc.)				
- Print	17		i J	une 16	161	Feb. 4	1662	11 .1 (1) (Jane
21. I certify	that (I) (this hospital) a	itended the deceased	from:	4	": 10p".	0.4.0.0.	, 190	mar (1) (we) last
	sed alive on Feb.	19.04., a	nd that	death occured at		m the causes	and on the		
22a. SIGNATURE	a 1 4	•		ATTENDING	MED.	STAFF	0 /5		SIGNED
	Ensetele	nge	М	.D. PHYS.	DIRECTOR	PHYS.	2/0	5/62	
22c. PHYSICIAN'S NAME (Type				22d. ADDRESS	Salis	bury, Ma	ryland	GDF RAN AND RAN RAN WAY WAY FOR FOR FOR RAN	
REMIDVAL (Spacify	TION, 23b. DATE THEREOF	23c. NAME OF CE	METERY	.7 9	L 23d. 10	CATION (City, to	wn or county)	1)5	tata)
Decrey	14/61	1 Will-	rige	1 (200)	REC'D BY REG	ISTRAR 255 PE	GISTKAR'S SIGN	IA TI IDE	1
24 FUNERAL DIRECTO	no hot	ADDRESS)	but	3/			return 8. Th		
Herry	MI JOHNA	sem for	1 = y Ma	Try DATE	FEB 16'	02 ~			
-	U		7	//					

35(50) at a less reduced a state of the format a take a take our a Time to the second and the state of the second Section of the second Bruiltani Valuation Thereof the of history forther for me and the first

CERTIFICATE OF DEATH ハウドライ

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH O2523

06034				
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where de		esidence before edmission)
(1) PomiPD	MARYLAND	e. STATE	b. COUNTY	MESTED
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	orete limits, write RURAL end	
write RURAL end give nearast town)		BERLIN		23x.2
d. NAME OF HOSPITAL OR INSTITUTION (if not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Peningula Gange	1 Heatidas H	RF. D SYNG	PUVENT	ON A FARM?
3. NAME OF First	IL Moon Luc	Last 4. DATE	Month	Day Year
DECEASED (Type or print)	B	OF DEATH	40	11 40 1 60
F STY	126116	neade	Jelmuary	16 - 19 6 J. YEAR IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 8	DATE OF BIRTH 9.	last birthdey) Months (
	DOWED DIVORCED	NOV. 9, 1884	77 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or	foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
	DWN HOME	POUND VA	(J. SA
13. FATHER'S NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14. MOTHER'S MAIDEN NAME		,
JOE KILGOR		Em AD	DINGTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address	
(Yes, no, or unkown) (Ifyesgivewaror detes of service	1	Tai 1157	F	Barrey M.
18. CAUSE OF DEATH [Enter only one cause	and the second of the second o	RI EDNIARD I	AYLDR 10	LINTEDVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	5 1	1 11		ONSET AND DEATH
IMMEDIATE CAUSE (a)	ou barrae nuova	4 Hemorry	age	7 days
DUE TO	(/	
Conditions, il any, which (b)	typertensive	Vascular I	Disease _	
gave rise to immediate cause (e), steting the underlying DUE TO				
ceuse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS				YES NO A
= 20a. ACCIDENT WAS UNDERLYING 20b	. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II	ol item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year	2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, 1 20f. (City	or town) (Cour	nty) (State)
Hour e.m.	ALIMA TAME	ory, street, office bldg., etc.)		
₹ p.m. 19	st work et work	2/2 /60	N I i i I	
21. I certify that (I) (this hospital)		1		that (I) (we) las
saw the deceased alive on	1962, and that	death occured at ./	the causes and on t	
22a. SIGNATURE	100	ATTENDINGMED.	_ STAFF	22b. DATE SIGNED
O Vomes C.	fell. DI M	D. PHYS. DIRECTOR	PHYS.	
22c. PHYSICIAN'S NAME (Type)	A .	ADDRESS OF	0 1100	1 11
INCIME (1990)	U	I'me Bluft	11000 Sal	is bury, ired
238. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LDC	ATION (City, town or county	(State)
REMOVAL (Specify)	2 SUNSET 1	TEMORIAL B.	BRLIN	MD
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGIST	RAR 256. REGISTRAR'S	SIGNATURE
Anna A Buche	Berlin	mel DATE FEB 21 '6	32 aring &	, Flows

the funeral 2 should eath. TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

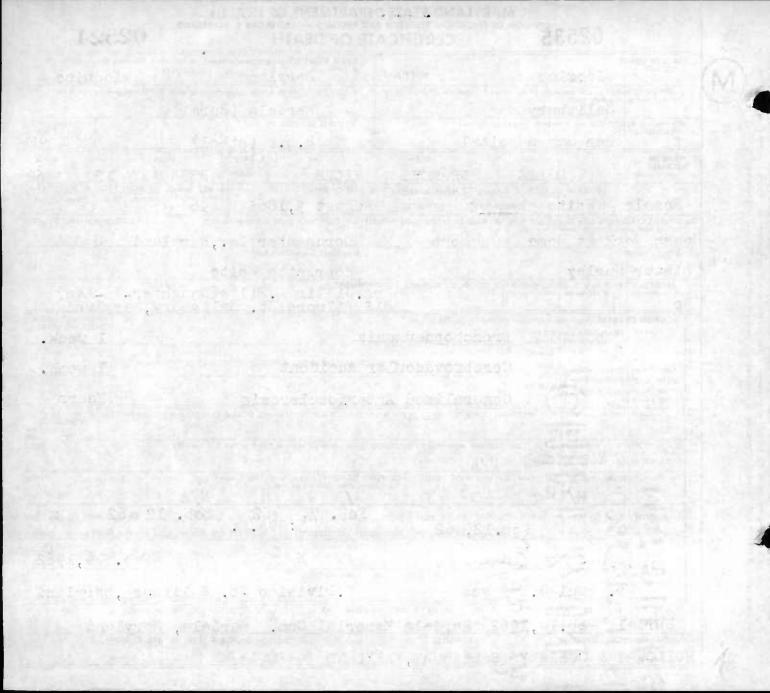
Yes TO FUNERAL DISCORT. After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon gapers. Pages 1 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. papers. Pages n 72 hours after

25,850 MINAY COMOS TO VALE CONTRACTOR N7-25E) Thousand of the payment on the MATTER BELLEVILLE STAYL NEVE 9, 1884 77 Pauno Vas VIII Housewife Dwa Hong Joa Kilbara Emily Application No No Max BOWARD TAYLOR DEELIN MO The state of the s THE PARTY OF THE PROPERTY OF THE PARTY OF TH BURLINE Alt DEL SUNSET MEMORIA BERLIN MO Mile & Bring A Bushere Buchin Hot in 18 2 2 2 2 2

02504

	02000	CERTIFICA	TE OF DEATH		-	ノんじん	1
1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl	1	If institution: Re COUNTY	widence before	
RURAL ond give	(If outside corporate limits, write nearest town) Salisbury	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporote lir 1a (Rur		ond give nea	prest town)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in haspital, give street Pen Gen Hospi		d. STREET ADDRESS R.D.#	(Athol	.)		e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print)	DELLA	Middle FRANCES	MILLS	4. DATE OF DEATH	Month PEBRUAR	о Y 12	Yeor 19 62
5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW	VED TO DIVORCED	8. DATE OF BIRTH August 5,18	65 9	E (In years buthday) Mon		Hours Min.
during most of wo	TION (Give kind of work done 10borking life, even if retired) R at Home	None	Dorcheste	r Co. M			S A
Mister H			Henrietta	White			
(Yes, no, or unknown)	/ER IN U. S. ARMED FORCES? 16 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17, II	rs.Gillis A. 5 Filmore S	Mills(D t. Sali	aughter sbury	r-In-	Law) and
	EATH (Enter only one couse per I	onchopneumon	ia				Week.
Conditions, if gove rise to couse (o), stoting lying cause lost	ony, which (b) Ce	rebrovascula neralized Ar		ai a			week.
_	THER SIGNIFICANT CONDITIONS				DITION GIVEN IN		
20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	G CAUSE OF DEATH	scribe how injury occurre \mathbb{I}/\mathbb{A}	D. (Enter noture of injury in P	ort 1 or Part II of	tem 18.)		
20c. TIME OF INJU Hour o. m. p. m.	. BT / A ID While	e Not while fo	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc. N/A		vn) /A	(County)	(State
21. I certify the	nat (I) (this haspital) atten ased alive an A Feb.	ded the deceased fram. 12,1962, and that		62, to F M, fram the a			at (I) (🎉) las
22c. PHYSICIAN'S	and Hom	James	M.D. ATTENDING ME			eb. 1	226. DATE 4, 1962
NAME (Txpe)	5 - 6 - V	ives	N.Divisio	n St. S	alisbu	ry, Ma	ryland
230. BURIAL, CREMATI	ion, 23b. DATE THEREOF (Y) Feb. 14, 1962	23c. NAME OF CEMETERY C		23d. LOCATION (_{inly)} ryland	(Stote)
24. FUNERAL DIRECTO		ADDRESS		BY REGISTRAR	25b. REGISTRAR	's SIGNATU	RE
HOLLOWAY	& COMDANY S	ATTCDIIDV MAE	OVI AND DATE EE	B 1 A 160	0 -1	12 10	

of director, 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar ottending physician. Agspital ar ottending physician. After this certificate has been signed by the ottending physician and campletely filled in by the factor of the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shaw page 3 should be defached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. may be retained by Ma VR A15 (4) 15M 9/59



VR A15 (4) 15M 9/60 PM

9

MARYLAND STATE DEPARTMENT OF HEALTH

02536

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00500

1. PLACE OF DEAT	н			11		RESIDEN	ICE (Where d	lecaesad lived, If		senca before	admission
	Wicomico		MARYL	AND	a. STATE	Ma	rvland	b. COUN	Dore	hester	100
b. CITY OR TOWN	(if outside corporale limits	,	LENGTH OF STAT		c. CITY C			porala limits, write			
writa KURAL en	Salisbury		lyr.loMos	. 2Day			mbridg		191	2 - 7	
d. NAME OF HOSP	ITAL OR INSTITUTION (IF			- 4		ADDRESS			011	0. 15	RESIDENCI
	Deer's Head					12	Pine	Street			NO A
3. NAME OF DECEASED	First		Middle		Last		4. DATE	Month	D.	ay Ye	ar
(Type or print)	Flora	1			Moon	ey	DEATE	Feb	ruary 1	7 19	62
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIR	TH	15	9. AGE (In yeers	IF UNDER 1 YEA	AR IF UNDE	R 24 HRS.
Female		WIDOWED			uly 12	. 187	8	last birthday)	Months Dey	s Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work	10b. KINI	OF BUSINESS OR					r loreign country)	1 12. CITIZEN	OF WHAT	COUNTRY
done during most of w	orking life, aven if retirad)	Unk.								
13. FATHER'S NAME			Ulike		14. MOTHER	Camb	ridge,	Md.	U.S	·A.	
THE PROPERTY OF THE PARTY OF TH					14. MOTHER						
	ews Pinder					Unkn	OWN				
(Yes, no, or unkown) (VER IN U.S. ARMED FORCE (Ifyesgive war or detes of ser	vice) 16. 50	CIAL SECURITY NO). 17. IN	FORMANT			Address			
No			one	Но	spital	Reco	rds	- Salish	ury, Ma	ryland	1
	DEATH [Enter only one of	ause perfline	for (e), (b), and (c)	1 11	1	/ .				INTERVAL 8	
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Ces	beal	de	lone l	mes				/ CA	A.
27	DUE TO	1	0	1	1	1		0		1	
Conditions, if en	. / ./	11,	ucala.	0	111	leh1	0 0	elisa		5.1	21
geve rise to immed	fiate ceuse	par	way	~		wir		· Caro		1	200
(a), stating the	underlying DUE TO		0							0	
ceuse lest.) (c)_	ONE CONTE	IBLITING TO DEATH	L BLIT NOT	DEL ATER TO	THE TERMS	NAL DISTANCE				
E PARI II. OTHE	R SIGNIFICANT CONDITI	ONS CONTR	BOTTING TO DEATH	BUI NOI	KELATED TO	THE LEKWI	NAL DISEASE	CONDITION GIV	EN IN PART 1(0)	PERF	ORMED?
5										YES	NO X
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESCR	IBE HOW INJURY O	CCURED.	Enter neture of	of injury In	Pert I or Part	II of item 18.)			
20c. TIME OF INJU	URY Month, Dey, Yeer	20d. IN.	URY OCCURRED 1	20e. PLAC	E OF INJURY	(Home fare	n ' 201 (Cit	y or town)	(County)		(State)
20c. TIME OF INJU		While _	Not While		y, streat, office			, 0. 10,	(6001117)		(31010)
Print	19	at work	at work		() ()			- 1 17			
21. I certify	that (1) (this hospita	I) attende	d the deceased	fromL	1/20/60),	19, to	2/17/6	22, 19	, that (I)	(we) las
saw the decea	sed alive on 2	17/62	19, an	nd that	death occu	red at?	M, from	n the causes	and on the	date state	d above
22e. SIGNATURE	1			-			720A.N				b. DATE
	Doid 1	5/11	141	M.D	PHYS.		DIRECTOR	T STAFF	2/17	160	SIGNEE
22c. PHYSICIAN'S		juni	y	741.0	22d. ADI		_		6/11	100	
NAME (Type	Lee L.	Lawry.	M.D.		De	arle	Head S	tate Hos	enital		
23e. BURIAL, CREMAT			3c. NAME OF CEA	METERY O				ATION (City, to)			State)
REMOVAL (Specify)						~		an or county)	(.	31010)
Burial		962	Bethel	Ceme	etery	1		bridge	,Md.		
24 FUNERAL DIRECTO	R'S SIGNATURE	-	ADDRESS		11.	E	EB 2 0	TRAR 256. REG	SISTRAR'S SIGN		
Herber	7 Striklar	4	Cambei	idge	Md.	DATE	TO F O	~	White A. I	C. Programme	

. . 20030 positions (to be still seed by I) consider Tibble agif limit a the of a fatteren areft flag a record the state of the s property and the second Battle of the Land of the Land of the Land of the Land 20 Clark of Flow Laws and Lineary & relieve a clarier 5 mg X == 1 Dad Sawy in the same Entropy Vinc The state of the s

V

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02537

02537	CERTIFICATE OF DEATH	02526
1. PLACE OF DEATH o. COUNTY.		E (Where decessed lived, If institution: Residence before edmission)
Wicomico	MARYLAND O. STATE	D WICOMICO
b. CITY OR TOWN (if outside corporete limits,		foutside corporete fimits, write RURAL end give neerest town)
write RURAL end give neerest town) SA his BURY	4-Days XTYASKIN	(Rusal)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pitel, give street address) d. STREET ADDRESS	e. IS RESIDENCE
PENINSULA GENERAL	1. Hispital	ON A FARM? YES NO
3. NAME OF First	Middle Lest	4. DATE Month Dey Yeer
(Type or print) GEORGE	H Maras	DEATH FEBRUARY 26, 1962
5. SEX 6. COLOR OR RACE 7. MARRIE	MINEVER MADRIED 8. DAJE OF BIRTH	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWE	/ / 1 / 2 / 1 / 2	last birthdey) Months Deys Hours Min.
11.17.12		by & State, or foreign country) 12. CLTIZEN, OF WHAT COUNTRY?
done during most of working life, even if retired)	. n . 1 . M -	1 1/5
13. FAPTER'S NAME	14. MOTHER'S MAIDEN	NAME O
Farma III Mas	1 / 1	1.1- 2
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. INFORMANT	Address
(Yes, no of unkown) (Ifyes give wer or dates of service)	SOCIAL SECONITINO. IT. MATORITANI	M. M.
18. CAUSE OF DEATH [Enter only one cause per fi	- MAREY /	1000 B 1 2 S 1 1 M TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	no for (e), (b), and (c).)	ONSET AND DEATH
491 V IMMEDIATE CAUSE (*)	uh consear cermpe	marini
DUE TO	2. 0	
Conditions, if eny, which (b) gave rise to immediate cause	rindis-preuma	
(e), steting the underlying DUE TO		Control Superior Control
couse lest. (c)		
PART HOTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3 / humanataid Cirls	Rules - after & School	a heart disease YES I NO &
OR CONTRIBUTING TO CAUSE OF DEATH	CRIBE HOW INJURY OCCURED. (Enter neture of injury in F	Pert I or Pert II of item 18.)
	INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm factory, street, office bldg., etc.	
	k et work	
21. I certify that (I) (this hospital) attended	ded the deceased from	1962, to 2 - 4 , 1962, that (I) (we) last
saw the deceased alive on	4196.2 and that death occured at.	2.PM, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING A	AED. STAFF
Thelestions		IRECTOR PHYS. 7-20-6
22c. PHY CIAN'S NAME (JOB)	22d. ADDRESS	
1 h. J. p A. 1)	isky dalish	ury Mo.
23a. BURIAL, CREMATION, 23 DATE THEREOF	234 NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or county) (Stete)
1241121 2/28/82	1/435 Km Cem.	1/4381m, / 18.
24 FUMERAL DIRECTOR'S SIGNATURE	ADDRESS 250. REC	D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
CVI Myssery D	IVEIVE, I D' DATE	UR 7'62 arthur & thous

65.ESD Clara Brilliage States from the Plant Line Day 1 to the market have have been as

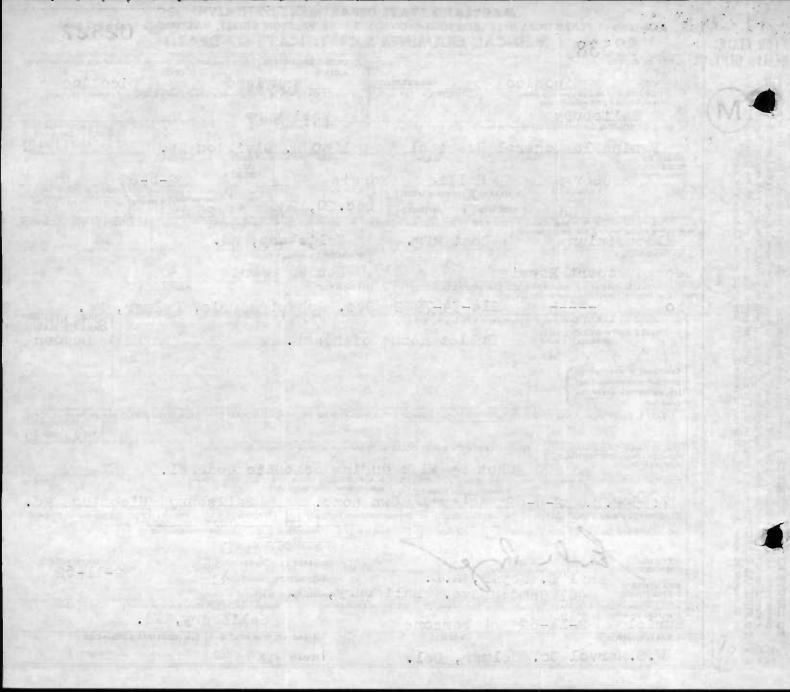
FOR STATE HEALTH DEPT.

les. ealth, age, LY MED TO EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nestected the children, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yours ALD DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of ingnated agent, prior to burial, cremation, or removal, and In any expression 72 hours after death. UTY MED

please ex	4 should	or its des
	A15ME 9/60	B

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12538

a. COUNTY b. COUNTY	denca befora admission)
	omico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Salisbury 2 Salisbury	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Peninsula General Hospital 1200 N. Division St.	YES NO X
DECEASED	Pay Yaer
George Rolle Morris 2-0-02	19
5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) 1 1 1 1 1 1 1 1 1	
M WIDOWED DIVORCED Dec. 20, 1936 25 yrs. Months Day	nours min.
done during most of working life, even if refired)	N OF WHAT COUNTRY?
Electrician Boat Mfg. Salisbury, Md. US	SA
13. FATHER'S NAME	
George Robert Morris Louise Barnes	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unknown) (Ifyasgivawarordelesoiservica)	
No 214-34-7902 Geo. Robert Morris, Delmar,	Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet wound of heart.	Sudden
DUE TO	Duduon
Conditions, if any, which (b)	
gave rise to immediate cause	
(a), stating the underlying DUE TO	
causa last. [c] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	VOODTILA 2A W OLIV
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 208. EXTERNAL CAUSE WAS PRIMARY PART OF CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH. Chort by with a damper domogratic cause model.	PERFORMED? YES NO
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.)	
OUGE DA MILE CALIUS COMESTIC CHSLLEI	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County)) (Stete)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County, Hour e.m. 7:35p.P. M. 2-8-62et work at work Own home. Salisbury Wico	mico Md.
	and in my opinion
death resulted from Natural causes Accident Suicide Homicide V. Undetermined manner	
CHIEF MEDICAL EXAMINER	
ACTUAL / ASSISTANT MEDICAL EXAMINER	DATE SIGNED
Earl L. Royer M.D. DEPUTY MEDICAL EXAMINER 2-	-11-62
NAME (Typa) 407 Camden Ave. Salisbury add (Typa) 407 Camden Ave.	
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or country)	(Stete)
Burial 2-11-62 Parsons Salisbury, Md.	
23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	
W.S. Marvel Co. Delmar, Del. DATE FEB 14'62 Command A.	Thank



the funeral IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

Ye death. Page 4 may be retained by the hospital or attending physician.

Ye funeral or funeral DIT COR: After this certificate has been signed by the attending physician and completely filled in the funeral or director, page 3 should be detached for use as the burial-iransit permit. Then please remove carbon papers. Pages 1 consistence of the prior to burial, cremation, or removal, and in any event, within 72 hours after result. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02539

CERTIFICATE OF DEATH

02528

014										
1. PLACE OF DEATH			SI STATISTICS	2. USUAI	Ε		eesed lived, If i	nstitution: Reside		mission)
Wice	omico		MARYLAND		Maryland Caroline V					
b. City OR TOWN (if out		c.	LENGTH OF STAY IN 1	c. CITY	OR TOWN (If outside corpo	reta limits, write	RURAL end give	e neerest town)
	Lsbury		LMos. 6Days		Fede	eralsbu	rg	15	x.2.	
NAME OF HOSPITAL				d. STRE	T ADDRESS			00	l e. IS RES	IDENCE
										FARM?
	's Head S	tate H	The second secon				00 m		YES	NO ICI
3. NAME OF DECEASED	First		Middle	Las		4. DATE	Month	De	y Yeer	
(Type or print)	Beul	ah	R.	Mowbra	37	DEATH	Februar	rv 13	19	62
5. SEX 6.	COLOR OR RACE 7		NEVED MADDIED	8. DATE OF BI		19.	AGE (In yeers I	IF UNDER 1 YEAR		- L -
-				7 7 70	7.001		lest birthdey)	Months Deys	Hours	Min.
Female	TYLESON O'C	WIDOWED X	-	July 10			6'/ yrs.			
10a. USUAL OCCUPATION done during most of working	(Give kind of work life, even if retired)		OF BUSINESS OR INDU	STRY 11. BIRTHI	LACE (Coun	nty & State, or f	oreign country)	12. CITIZEN	OF WHAT CO	UNTRY
Unk.	,,		Unk.	De	laware	9		II	S. A.	
13. FATHER'S NAME			OTHER		R'S MAIDEN					
	D									
George					ma Lov	we				
15. WAS DECEASED EVER IN (Yes, no, or unknown) (Ifyes			CIAL SECURITY NO. 17	. INFORMAN	E		Address			
~~~	× 0		0-12-0154	Hospits	7 Rece	ords	Salish	arme Mar	ระกิเจทศ	
18. CAUSE OF DEAT	TH lEnter only one o	ause her line	for (e), (b), end (c),	HODETOS	. L 10000	Oz CLD	OUTTOO!	ااا	NTERVAL BETV	VEEN
PART I. DEATH W		1)	4	2001	1	0. 11	75.HT		INSE AND DI	ATH
	EDIATE CAUSE (e)_	ira	un my	cardi	1	en lar	<i>l</i>		1 00	101
1442	DUE TO	1.	2		10					
Conditions, if eny, w	hich (b)	M	your tiles	nu - 1	ナらし	(I)			Vear	1
gave rise to immediate of	causa								7	
(a), steting the under	lying DUE TO									
cause lesf.	) (c)_									
PART II. OTHER SHO	NIFICANT CONDITIO	ONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART 1(e)	19. WAS AL	MFD?
F	11 alute	11	halle lie	۷. ]						10
PART II. OTHER SAS	UNDERLYING []	20b. DESCRIE	E HOW INJURY OCCUP	RED. (Enter neture	of injury in	Pert I or Part II	of item 18.)			-
OR CONTRIBUTING CO	CAUSE OF DEATH									
	1							16		
20c. TIME OF INJURY Hour a.m.	Month, Dey, Yeer	While		PLACE OF INJUR'			or town)	(County)	(5	itete)
Hour a.m.	19	at work	at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,				
21. I certify that		1) 1		10/10/	61	30 4-	2/13/62	2, 19,	11-1 (I) (	in) last
	1 1/7									
saw the deceased	alive on4.	3/04	19, and th	nat death occ	ured at4.	.U.M, from	the causes	and on the	date stated	above
22e. SIGNATURE	1//  .	0 1				/8P.M.			22b.	DATE
	14.14	elelu	( ,	M.D. PHYS.		DIRECTOR	STAFF PHYS.	Februar	77 13	1962
22c. PHYSICIAN'S	T	16-7-1	hu n	22d. A				T COT MOT	_ول_ال	100
NAME (Type)	Too T T	Maldve	M. D.	Das	no to TI.	3 77		0-7:-1	3.6-	
	1-60-Til-1-	mu fe e	77.00					Salisbu		
235 BURIAL, CREMATION,	236. DATE THERE	OF 123	E. NAME OF CEMETER	Y OR CREMATO	RY	23d. LOCA	TION (City, toy	yn or county)	(Ste	te)
KEMOTAL (Specify)	N 16	140/8	E. Meur h	Market	Can	18.	Meur	Man Dri	t m	
24 FUNERAL DIRECTOR'S S	IGNATURE		ADDRESS	· · · · · ·	25a, REG	C'D BY REGIST		SISTRAR'S SIGN	IATURE	
	01,00		4	0. h h	1					
Mara	NO MAIN	enon	ب عمد	alux, M	DATE"E	B Z 8 0Z	Cir	in & The	44	
				0						

and 12-12-0164 plants and 12-0164 plants STATE HOSPITAL

DEER'S HEAD

military phining in the flooding and before to the con-

in the firm of the first of the first of the first

The property of the provider of pures

director, page 3 should be filed with the State

VR A15 (4)

15M 9/60

OFF

TO HOSPITAL death, Page 4 n

executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02529 CERTIFICATE OF DEATH DOFIL

	079411	OERCHII IOATE		02020
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where date	asad lived, It institution: Residance before admission)
	e. COUNTY		a. STATE	b. COUNTY
_	WICOMICO	MARYLAND	MAKYLAND	WICOMICO
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora	ita limits, write RURAL and give naarast town)
10		7 41006-	12 501150404	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital cive street address)	d. STREET ADDRESS	e, IS RESIDENCE
0	a. NAME OF HOSPITAL OR HISTITOTION (IF HOT IN HOSP	:	d. STREET ADDRESS	ON A FARM?
14	ENINSULA GENERAL I	TOSPITAL	MIZ COLE LIA	CLE YES NO X
3.	NAME OF First	Middle	Last 4. DATE	Month Day Year
	DECEASED		OF DEATH	T 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
/	(Typa or print) MARGARET C	ATHERINE	MUIR	FEBRUARY 24 1962
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B		AGE (In years   IF UNDER I YEAR   IF UNDER 24 HRS.
F	FMALE WIDOWED	DIVORCED	11-11-91	ast birthday) Months Days Hours Min.
100	Chille Inchile	ND OF BUSINESS OR INDUSTR	Y I 11. BIRTHPLACE (County & State, or for	eign country)   12. CITIZEN OF WHAT COUNTRY?
	ana during most of working life, eyen if ratirad)	T L	Y 11. BIRTHPLACE (County & State, or for	Fight country) 12. Children of Value Country
17	nation Worker SA	in tartery	Dallo, Ma	US.X
13	FATHER'S NAME	No IV Con	14. MOTHER'S MAIDEN NAME	1
	De nott		mote Park	6 2
	Jercy Julier	,	11 leve vien	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Sas, no, or unknown (Ifyes giva war or datas of sarvica)	OCIAL SECURITY NO. 17.	NFORMANT	Address
1,,,	71	0-63-0150 16	same Marie	Phistoures IM
-	18. CAUSE OF DEATH [Enter only one cause per lin	(b) (b) and (c)	every 11000-1 Sa	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	1. I	0 0 1.	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	aphlococo	al septicem	ia
	DUE TO		Vac	
		lastela t	brain Absce	CC
	Conditions, if any, which (b) 1 VC	Manie 7	Mary 11192 GE	33
	(a), stating the underlying DUE TO			
	causa last. (c)			
z		TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
2	7			PERFORMED?
3		20515		YES NO 1
CERTIFICATION		RIBE HOW INJURY OCCURED	. (Entar natura of injury in Part I or Part II o	filam 18.) (Partial)
E E	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
1	20c. TIME OF INJURY Month, Day, Year   20d. II	NJURY OCCURRED   200, PLA	CE OF INJURY (Home, farm, : 20f. (City o	r town) (County) (State)
MEDICAL	Hour a.m. Whila		ory, street, office bldg., atc.)	(20211)
ME	p.m. 19 at work			
	21. I certify that (I) (this hospital) attend	led the deceased from	January 11 1962 10	Jel. 24, 1962 that (1) (we) last
	saw the deceased alive on		death occured at.I M, from	the causes and on the date stated above.
	22e. SIGNATURE	2	ATTENDING MED.	STAFF 2/12 72b. DATE SIGNED
	TIAMES (	· Hell on	D. PHYS. DIRECTOR	PHYS. 1 2/25/6Z
	22c. PHYSICIAN'S		22d. ADDRESS	011 / 001
	NAME (Type)	V	Pine Bull Rose	I Salichury Md.
-			11116	(0,000,000,000,000,000,000,000,000,000,
23	REMOVAL (Specify)	23c NAME OF CEMETERY	OR CREMATORY 128d. LOCAT	IQN (City town or county) (Stata)
16	June 2-28-62	arialo C	emelers (m	alo, Mel
24	FUNTERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTR	AR 256. REGISTRAR'S SIGNATURE
1	Yan - 11/1-11	011111	tren 1 Sed	
1	Jun (Villan)	ourcesu	MINDPOOTATE MAR 5 '62	Carling & Hans

4.5 11-11-20-01-11 Eastern Mersher Stut motion Ballo, I'M Person muter - meta Packs 224-03-115 Horay Main Salastoney Chine 22-25-12 Oracle Genetay " Bunla, " Leave Walder President May Il am a state of the

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

02530

1. PLACE OF DEA!				2. USUAL RESIDE		deceased lived, If	VITY		edmission)	
	licomico		MARYLAND	Mai	ryland			omico		
	l (if outsida corporate limi nd give nearest town)	is,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)						
Salisbu			170 days	12 Salish	oury					
d. NAME OF HOS	PITAL OR INSTITUTION (	f not in hos	pital, give street address)	d. STREET ADDRES	S				A FARM?	
	s Head Stat	e Hosp	pital	117 Jo	ohnson	Drive			NO [	
NAME OF DECEASED	First		Middle	Last	4. DAT	E Monti	h	Day Yes	ar .	
(Type or print)	Rose		Mary	Newell	DEA	TH Feb	. 8	19	62	
S. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		EAR IF UNDE	R 24 HRS.	
Female	White	WIDOWE		March 14.	1886	last birthday)	Months D	Hours	Min.	
Oa. USUAL OCCUPA	ATION (Give kind of world	10b. K	IND OF BUSINESS OR INDUST			or foreign country)	12. CITIZ	EN OF WHAT	COUNTRY	
77 7 7 9	working life, even if retire	d)	None	Waymont			US	Λ		
HOUSE W	OLK		None	Vermont	N NAME		10 5	A		
	Dans									
5. WAS DECEASED I	Renfrew	CES7   16	SOCIAL SECURITY NO. 17.	Mary A.W	erron	Address				
Yas, no, or unkown)	(If yes give war or dates of s	ervice)	Mr	.Olin Char	les N	ewell(S	on)117	John	son	
No				Salis	bury.	Maryland	d			
	DEATH [Enter only ons	cause per l	ine for (a), (b), and (c).]					ONSET AND		
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Co	oronary thromb	osis				24 hou	rs	
420	DUE TO									
Conditions, if a	ny, which \ (b)	H	ypertensive ar	teriosclerot	tic car	cdiovascu	lar	Years		
gava rise to imma	diata cause					dis	ease			
(a), stating the	underlying DUE TO									
cause last.	J (c)	TIONS CON	TRIBUTING TO DEATH BUT N	OT DELATED TO THE TERM	MINIAL DISEA	SE CONDITION GIV	VEN IN DART 1	(a) 10 WAS	ALITOPSY	
FARI II. OIF	ER SIGNIFICANT CONDI	110143 201	TRIBUTING TO DEATH BUT N	OF RELATED TO THE TERM	MINAL DISEA	st condition of	THIN IN FARI	YES T	ORMED?	
OR CONTRIBUTION	WAS UNDERLYING [] IG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURE	D. (Enter nature of injury	in Part I or Pa	rt II of item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour e.m. While Not While factory, street, office bldg., etc.)										
			ded the deceased from							
22a. SIGNATURI		1							b. DATE	
	IV. U	cald	ul,	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.		2/9	62	
22c. PHYSICIAN NAME (Typ	. 4	aldve	M. D.	Deer's F	Head St	ate Hosp	ital;Sa	alisbur	v.Md.	
3a. BURIAL, CREMA	TION, 23b. DATE THE	REOF	23c. NAME OF CEMETERY			OCATION (City, to			State)	
REMOVAL (Speci	fy)	.196	Mandala	Mem. Cemet	amer 1	New 1 Mo	ndela	Mon	7020	
Buria.		1740	ADDRESS			GISTRAR 25b. RE	rdela,		TOTIC	
24 FUNERAL DIRECTO		-								
HOLI OMAY	& COMPANY	SA.	LISBURY, MAR	YLAND DATE:	ER 13'	62   0	thur S. F	irana		

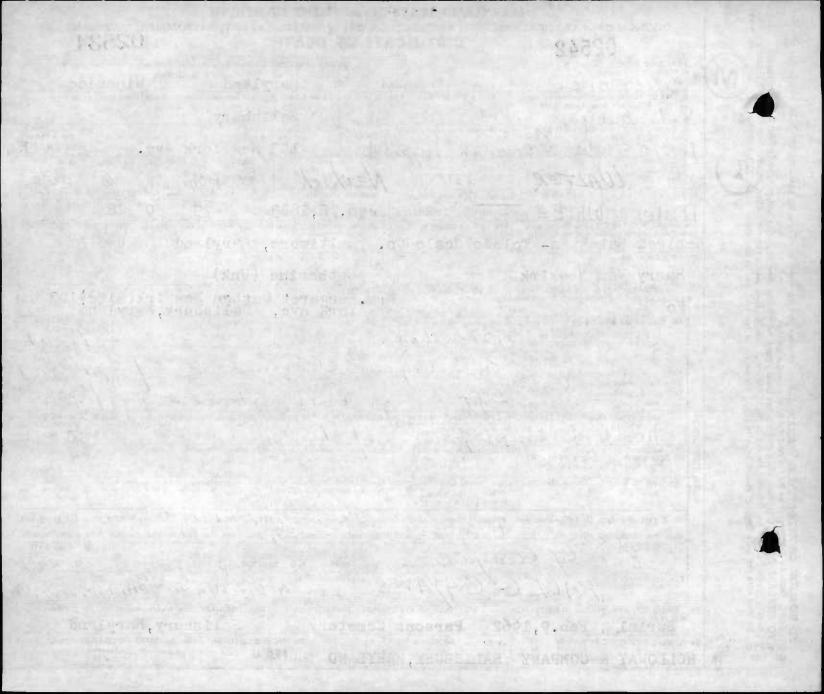
CERSU Rotton . . Vest DESCRIPTION OF THE PROPERTY OF THE PROPERTY. AND REAL PROPERTY OF THE PARTY Description of the latest terms to the latest terms of the latest THE GRANTES OF GRANTES AND LOS YEARS OF A YAMELION MARYLAND STATE DEPARTMENT OF HEALTH

1, MARYLAND 02531 DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH 02542

A	1. PLACE OF DEATH  •. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Wicomico Maryland	*. STATE Maryland b. COUNTY Wicomico
/	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
	writa RURAL and giva neerest lown)	. 2
21	SAhisbury	Salisbury  (d. STREET ADDRESS  ) O. IS RESIDENCE
00	NAME OF HOSPITAL OF INSTITUTION (it not in hospitet, give street eddress)	d. STREET ADDRESS   IS RESIDENCE ON A FARM?
	TENINSULA GENERAL HOSpith	103 New York Ave. YES NO K
1	3. NAME OF First Middle Middle	Lest 4. DATE Month Dey Yeer
	(Type or print) WALTER MILTON N	EUKIRK DEATH February 6 1962
331	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH  9. AGE (In years   IF-UNDER 1 YEAR   IF UNDER 24 HRS.    Inst birthday   Manths   Days   Hours   Min.
	MAR WIDOWED DIVORCED DIVORCED	an. 8,1883 Rest birthday) Manths 288 Hours Min.
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
-	done during most of working life, even if retired) Retired Salesman- Toledo Scale Co.	Baltimore, Maryland USA
42	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Harry Van Newkirk	Catherine (Unk)
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive were redetes of service)	NFORMANT Margaret Outten Newkirk(Wife)103 New York Ave, Salisbury, Maryland
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: By an clea Ru	ONSET AND DEATH
	IMMEDIATE CAUSE (6)	
	DUE TO B	Carrier and Late to
	Conditions, if any, which geve risa to immediata ceuse	te the terms of the terms
	(a), stating the underlying DUE TO	
	ceusa lest. (c)	with metestoses / year.
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
人	& Marked Emply sema	at house YES'X NO []
		. Unter neture of injury on Pert I or Pert II of item 18.)
	206. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Slata)
	Hour e.m. While Not While st work st et work	
	21. I certify that (I) (this hospital) attended the deceased from	Dec. 196/, to Feb. 6, 1967 that (1) (we) last
		death occured at
	22a. SIGNATURE	22b. DATE
	Jen & Carion	D. ATTENDING MED. STAFF DIRECTOR PHYS. STAFF
1	22c. PHYSICIAN'S NAME (Type) PAUL CV CAVAVES	22d. ADDRESS N. Division ST. SALISES VRV M.
	11102010111111	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
	Burial Feb. 9, 1962   Parsons Ce	emetery Salisbury, Maryland
0:	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M	HOLLOWAY & COMPANY SALISBURY, MARY	(LAND DATE FEB 9 '62 Chilles & Thank
V		

the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 max be retained by the hospital or attending physician.

Yet TO FUNERAL DIT TOR. After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after



#### FOR STATE HEALTH DEPT

70	41	0		~	
-	9	-0.0	0	See	
C	-0-	ă	oper.	1	
O	0	-	4	0	,
1	-	0	4	4	
	6.3	E	*	15	
5	Q	S	N	[2	
to	õ	di	77	1	
6		0	2	3	
0	2	0	O		9
9	-	B.Da	-	-=	
100	-07	-	32	-	
0	0	3	6	*	
200	0	0	O	-	
20	6		Q.	9	
ž	40	5	0	2	
4	>	0	1		
3	0	-	0.00	7	
.S		400		0	
2	oo.	. 2	-=	=	
-	per	-	5		
8	20	S.	0	D	
Q	60	0	EQ.	ō	
100	des.	D	-		
8	62	40	S	B	
4	0 4945	Ü	0	E	
3	臣	#	+	2	
40	Č	O	D	ē	
.ō	8	90	-=	See.	
o	-	Ph.	5	6	
5	.5	9	20	0	
0		5	O	e.	
Sh	ំបា	2	69	0	
	.5	K	O	-	
-	O	بنه	O	E	
8	6)	-	Se	0	
Œ.	O.	00	D	6.3	
1	2	15		-	
0	0	ě	20	7	
-	n	2	70	-	
- 60	ž	Non.	3	D	
广	4)	0	0	۵	
	÷.	2	50	0	
2	-	U	co	40×4	
$\overline{z}$	O	0	41	Ö	
-	1.49	£	O	-=	
≥.	E	0	D	D.	
⋖	1	2	Elba.		
×		27	oc	C	
082	4			36	
7	63		2	0	
13	100			200	
20	1000	2	2	0	
	60	D	=	0	
3	0	40	_	2	
-	e	Q	-5	0	
_	-	73	D.	(1)	
5	0	=	ü	0	
9	5	0	Z	6/3	
141	U	ž	7	- On-	
0	30	43	M.	-	
0	0	4	0	0	
-			-		
in 5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any d	A	15/	ME	or its designated agent, prior to barial, cremation, or removal, and in any event within 72 hadre after a	
51	W 2	1/5	7		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02532 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	02543	Reg. Dist. No.
	I. PLACE OF DEATH o. COUNTY Wicomico MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland. b. COUNTY Wicomico
	b. CITY OR TOWN (If outside corporate limits, write RUPAL and give nearest Igwn) Salisbury	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  2 Salisbury
X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS  605 Oak Hill Ave.  6. IS RESIDENCE ON A FARM? YES NO [X]
	3. NAME OF First Middle OTCEASED (Type or print) SARAH	PARKER JOATE Month Doy Year DEATH FEBRUARY 28th 1962
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  Female  White WIDOWED DIVORCED	lost birthday) Alongha Doug Maura Main
1	10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) House Work at Home None	
	13. FATHER'S NAME Elisha P. Wilkins	14. MOTHER'S MAIDEN NAME Sarah E. MXXXXXXXXXX Dickerson
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown]   If yes, give wor or dates of service)	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the underlying DUE TO  cause last.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTOPSY PERFORMED?
	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2	RRED. (Enter nature of injury in Port I or Part II of item 18.)  Oe. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole)
	Hour a.m. 19 While Not while at wark of work 121. I certify that I took charge of the remains described	
	opinion death resulted from: Natural couses Q. Accidental Actual SIGNATURE Dr. Earl L. Royer Examiner's NAME (Type) 407 Camden Ave. Salisbury	M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   MORE 2
	220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETI Burial Mar. 4/1962 Parson	ery or crematory 22d. Location (City, town, or county) (Stote) as Cemetery Salisbury, Maryland
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY,	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

adequation is a second THE THE PARTY OF THE PROPERTY Amount of the state of the stat 



15M 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS; 301 W. PRESTON STREET, BALTIMOR DEATH **DIVISION OF** 

1. PLACE OF DEATH				İ	2. USUAL RES				ed, if institutions	Residan	ce before a	lmission)
	omico		MARYL	AND	. 31A1E M	ary	land	D.	W	100	mico	
b. CITY OR TOWN (if a write RURAL and a Sali	outside corporate limits live nearest town)		c. LENGTH OF STAY	IN 1b			sbury		s, write RURAL e	nd give	neerest town	)
d. NAME OF HOSPITA		not in hosp	Itel, give street address	s)	d. STREET AD						a. 15 RES	
	Gen. Hosp	ital			12	0 0	live	St			YES	FARM?
3. NAME OF DECEASED	First		Middle		Lest		4. DATE		Month	Day	Year	
(Type or print)	WILLIAM		FRANCIS	PEI	NEWELL		DEAT	H F	EBRUAR	Y	24 19	62
5. SEX	6. COLOR OR RACE	. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		19		years   IF UNDER	1 YEAR	IF UNDER	24 HRS.
Male	White	WIDOWED	DIVORCED	Ja	m.27,1	885		77	yrs. Months	Days	Hours	Min.
10a. USUAL OCCUPATIO done during most of work	N (Give kind of working life, even if refired	1Db. KJN	OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE	(Count				TIZEN O	F WHAT CO	DUNTRY?
Laborer 13. FATHER'S NAME		No	one	(	Cape Ch	AIDEN	es, T	Virgi	nia	US	A	
George I	Pennewell				Mary J							
15. WAS DECEASED EVER (Yes, no, or unkown) (Ify	IN U.S. ARMED FORCES	ES? 16. S	OCIAL SECURITY NO.	Mr.	-	Adk	ins(E	Broth	ddress		)120	Oliv
PART I. DEATH IM  PO 44 G  Conditions, if eny, geve rise to immediate (a), steting the und cause lest.	erlying DUE TO	为	rouchi	Je J	nt hi	p	-0-			ON ON	wes	ATH
CATIC	IGNIFICANT CONDITI										PERFOR	MED?
	CAUSE OF DEATH	N/A	RIBE HOW INJURY OF	CCURED. (	inter nature of inf	ury in P	ert I or Pert	II of item 1B	.)			
ZOc. TIME OF INJURY Hour e.m. p.m.	Month, Day, Yeer N/A 19	2Dd. IN While et work	Not While _		OF INJURY (Home, street, office bld			y or town)	N/A	unty)	(5	itete)
21. I certify that saw the deceased	t (I) (this hospital	l) attende	ed the deceased	from	eath occured	5:3	9, to	h the car		the da	hat (I) (v	/e) last
22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	inte	77	her, Jr.	M.D.	ATTENDING PHYS. 22d. ADDRES	M DI	ED. RECTOR	STAFF PHYS.	□ Feb	. 2	6 /15	DATE SIGNED
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		of 962	23c. NAME OF CEM Parsons		CREMATORY		23d. LOC	ATION (CI	ty, town or coun	ity)	(Ste	
24 FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		25	-54 A	D BY REGIS		REGISTRAR'S	SIGNAT	TURE	
HOLLOWAY 8	COMPANY	SAL	LISBURY, M	IAHI	LAND DA	ATE TO STATE						

tion Charles, Vivilnia 2 Dec STATE OF THE STATE Constraint, with the traine of the Landing Figure 1 Cab. 57, the resemble Barrabank of the bright was the second of HOLLOW MY & COLUMN SAMES AT THE PROPERTY OF THE PARTY OF

the d and papers. n 72 ho and physician remove please attending signed by has been the certificate as use After this CIOR: death. Page 4
TO FUNERAL page director, be filed v VR A15 (4)

15M 9/60

#### **DIVISION OF STATISTICAL RESEARCH** TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where decesed lived, If institution Residence before edmission) a. COUNTY b. COUNTY e. STATE MARYLAND c. CITY OR YOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN c. LINGTH OF STAY IN 16 if outside corporate limits, 23X STITUTION (if ngt in hospital, give sty IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Day Year DECEASED OF DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX MARRIED NEVER MARRIED bighdey) Months WIDOWED DIVORCED KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yes giva war or datas of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) 15hours DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO TH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, : 20f. (City or town) 20c. TIME OF INJURY (County) (Stete) Month, Dey, Year factory, straet, office bldg., etc.) While Not While Hour a.m. et work et work 1961, to 120 1)00 21. I certify that (I) (this hospital) pattended the deceased from..... 14. 19.6.7 and that death occurred at JIAM, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE

22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D.

22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) CEMETERY OR EREMATORY

23 BURIAL, CREMATION 236. DATE THER OF 25a. REC'D BY REGISTRAR 25b. BEGISTRAR'S SIGNATUR

21330 Barren State 21813-61818 Mary Francisco Como Carolina Garage The graph was a second of the contract of the contract of the second of the contract of the co of more distilled in a section of between the William Granis South Fill March 18 Commence

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND
CERTIFICATE OF DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. DE TO CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. DEATH AS CAUSE BY    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. DE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. DE THE REMAINAL DISEASE CONDITION GIVEN IN PART I. PART II. DETAIL WAS CAUSED BY:    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. P. 9. WAS AUTHORS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. P. 9. WAS AUTHORS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. P. 9. WAS AUTHORS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. P. 9. WAS AUTHORS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. P. 9. WAS AUTHORS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. P. 9. WAS AUTHORS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. P. 9. WAS AUTHORS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. P. 9. WAS AUTHORS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. P. 9. WAS AUTHORS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. P. 9. WAS AUTHORS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. P. 9. WAS AUTHORS TO THE TERMINAL DISEASE CON
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest fown)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  Deer's Head State Hospital  3. NAME OF DECRASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NO PHILLIPS  DIVORCED MAY 19. AGE (in years if functory year)  S. SEX  6. COLOR OR RACE 7. MARRIED NEVER MOINT NEVER
write RURAL end give necrest fown)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  Deer's Head State Hospital  3. NAME OF DECERSED (Type or print)  Irene   PHILLIPS  DEATH  February  1, 196  5. SEX  Female  Colored widowek  Colored widowek  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  (c)  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  DUE TO  Conditions, if eny, which  gever rise to immediate cause  Conditions, if eny, which  gever rise to immediate cause  Conditions, if eny, which  gever rise to immediate cause  Conditions, if eny, which  gever rise to immediate cause  Conditions, if eny, which  gever rise to immediate cause  Conditions, if eny, which  gever rise to immediate cause  Conditions, if eny, which  get rise rise to immediate cause  Conditions and rise street and res
Salisbury   Cambridge   Camb
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital)  Deer's Head State Hospital  RFD 3  NAME OF DECERSED (Type or print)  Trene  Trene   PHILLIPS  B. DATE OF BERTH  February  1, 196  S. SEX  Female  Colored widoweb without loss working life, even if refired)  Laborer  13. FATHER'S NAME  Stephen J. Stonom  Stephen J. Stonom  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT  Stephen J. Stonom, Defuniak, Fla.  No  18. Cause of Death [Interent) one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e)  IMMEDIATE CAUSE (e)  Conditions, if eny, which give wer of the story without or pel vic organs  (c) steling he underlying cause lest.  O. STREET ADDRESS  PRD 3  4. DATE OF Month  Dey Yeer  PHILLIPS  PART I. DEATH Work of World Course of BRITH  Death Work (In Unit of Business or INDUSTRY)  10. STREET ADDRESS  PHILLIPS  PART I. DEATH Work of World Course of BRITH  No  12. CITIZEN OF WHAT COURSE (e)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Ragger Smith  Address  Stephen J. Stonom, Defuniak, Fla.  No  16. SOCIAL SECURITY NO. 17. INFORMANT  Stephen J. Stonom, Defuniak, Fla.  No  18. CRUSE OF DEATH [Inter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e)  Conditions, if eny, which give were of the story with extended metastases to limited and the story with course with story with extended metastases to limited and the story with story with extended metastases to limited and the story with story with story with extended metastases to limited and the story with story with extended metastases to limited and the story with story with extended metastases to limited and the story with story with extended metastases to limited and the story with story with extended metastases to limited and the story with e
Deer's Head State Hospital    Apare
DECEASED (Type or print)  Irene
5. SEX Female  6. COLOR OR RACE TO MARRIED NEVER MARRIED NO
Temale Colored widowed Divorced May 19 1921 The year Months Days House 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Temale Colored WIDOWED DIVORCED May 19, 1921 TO 755.  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer  13. FATHER'S NAME  Stephen J. Stonom  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  17. INFORMANT  18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  Conditions, if eny, which geve rise to immediate cause (e), steling the underlying cause lest.  COLOR MAY 19. 1921 TO 755.  INDOUGH TO 19. STONOM 12. CITIZEN OF WHAT CO Country & Stele, or foreign country)  12. CITIZEN OF WHAT CO USA  14. MOTHER'S MAIDEN NAME  Ragger Smith  Address  Stephen J. Stonom, Defuniak, Fla.  INTERVAL BETW ONSET AND DE 19.  Laborer  14. MOTHER'S MAIDEN NAME  Ragger Smith  Address  Conditions, if eny, which (b)  DUE TO 19. Stonom, Defuniak (b)  DUE TO 19. Stonom (c)  DUE TO 19. Stonom (c)  DUE TO 19. Stonom (c)  DUE TO (c)  DUE TO (c)
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer  12. CITIZEN OF WHAT COUNTY done during most of working life, even if retired)  Laborer  13. FATHER'S NAME  Stephen J. Stonom  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) (If yes give were ordedes of service)  NO  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY: (a) Of Cervix uteri with extended metastases to pel vic organs  (b) DUE TO (c)  Conditions, if eny, which geve rise to immediate cause (e), stelling the underlying cause lest.
Stephen J. Stonom    Stephen J. Stonom   Ragger Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive wer orderes of service) 266-306-534 Stephen J. Stonom, Defuniak, Fla.  18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Ca. of cervix uteri with extended metastases to put to pel vic organs  Conditions, if eny, which geve rise to immediate cause (e), steling the underlying cause lest.  16. SOCIAL SECURITY NO. 17. INFORMANT  Stephen J. Stonom, Defuniak, Fla.  INTERVAL BETWONSET AND DE 14 year  ONSET AND DE 15 pel vic organs  (b) DUE TO (c)  DUE TO (c)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive wer orderes of service) 266-306-534 Stephen J. Stonom, Defuniak, Fla.  18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Ca. of cervix uteri with extended metastases to put to pel vic organs  Conditions, if eny, which geve rise to immediate cause (e), steling the underlying cause lest.  16. SOCIAL SECURITY NO. 17. INFORMANT  Stephen J. Stonom, Defuniak, Fla.  INTERVAL BETWONSET AND DE 14 year  ONSET AND DE 15 pel vic organs  (b) DUE TO (c)  DUE TO (c)
No    Stephen J. Stonom, Defuniak, Fla.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  (c)  INTERVAL BETW ONSET AND DE 1, year on the period of the perio
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest.  Ca. of cervix uteri with extended metastases to ly year  DUE TO  (c)
Conditions, if eny, which geve rise to immediate cause (e), stefing the underlying cause lest.  DUE TO  DUE TO  (c)
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause last.  (b)  DUE TO  (c)
geve rise to immediate cause (e), stating the underlying cause last.  (c) (c)
(e), steling the underlying DUE TO ceuse lest. (c)
(c) Was all the second of the
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AU PERFOR
YES 🔼 N
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  PERFORM YES   OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Sunty) (Sunty)
Hour e.m. While Not While rectory, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from Apr. 18,, 160., to Feb. 1,, 19.62, that (I) (w
saw the deceased alive on Feb. 1. 1962, and that death occurred at
22e. SIGNATURE 22b.
V. Juerman M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
22c. PHYSICIAN'S V. Juerman, M.D. 22d. ADDRESS Deer's Head State Hospital Salisbury, Maryland
AN INITIAL CREMATION 1225 DATE THEREOE 1220 NAME OF CEMETERY OF CREMATORY 1234 LOCATION (City, town or county) (Ste
REMOVAL (Specify)
Durial 2///1902 Walled Cemerary Lambridge Wally allo
Burial 2/7/1962 Waugh Cemetery Cambridge, Maryland  ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

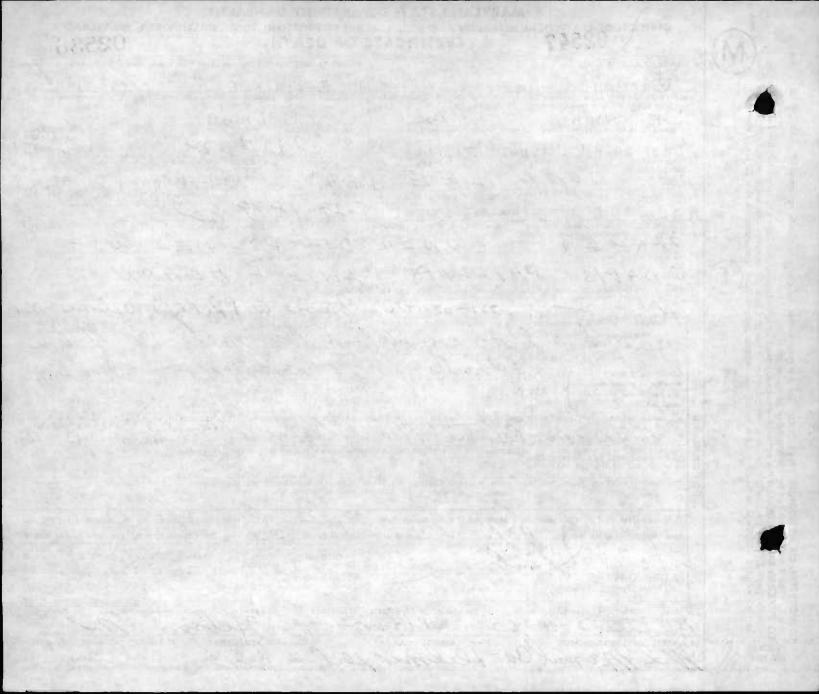
Water Street, Annines boad ashes a elump Brechen G. Stones Stanford J. Banhon Metugish, Ting was I de see white boarden day from the a term Aut. 10. 160 Test. II. rend server 20 - Hole. 2, - 162 - 18 V Percentis Military Land Care Control treatment in the control of the cont Hetrefflyt Care of minings, a.

### MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02547 CERTIFICATE OF DEATH 02536

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where decaesed livad, If institution: Rasidanca before admission)
	e. COUNTY	a. STATE b. COUNTY
-	WICOMICO MARYLAND	DELTWARE SUSSEX
10	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If oulside corporete limits, write RURAL end give neerest town)
	SALISBUAY 4/2	DEI 11100 111 x.2
1-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass)	d. STREET ADDRESS  d. STREET ADDRESS  a. IS RESIDENCE
10	) I ( I I I I I I I I I I I I I I I I I	ON A FARM?
11	ENINSULA GENERAL HOSPILAL	YES INO [
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	OECEASED TOHIV LEE	OHILLIPS DEATH FEBRUARY 2 1962
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B	DATE OF BIRTH 19. AGE (In years   IF UNDER YEAR   IF UNDER 24 HRS.
		5 74- 1899 last birthday) Months Days Hours Min.
11)	TALE WHITE WIDOWED DIVORCED	J-21-10// 62m.
	a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
1	Dona during most of working life, even if retired)	'NELMAD WELLOA
100	TARMER OWNER	DELIGHT - DEL WOOT
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JAVIS PHILLIPS	ALLIE F. HEARN
		NFORMANT Address
10	es, no., or unkown) (If yas giva war or dates of sarvice)	marce W. Phellip Delmer Des
-	18. CAUSE OF DEATH [Enter only ona cast) par line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Tem Thomas on ONSET AND TEATH
	IMMEDIATE CAUSE IN OVERTY OF	The same of the same
	DUE TO DUE TO	20 1 . (), 1
	Conditions, if any, which \ (b) ( ormulary	atterosclerosi phones
	gava risa to Immadiate ceusa	or .
	(e), slating the underlying DUE TO	
	ceusa last. (c)	
Z	PARTHE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 161 19. WAS AUTOPSY
16	1. taring alor tra blog.	A lucease (Conjustice) PERFORMED?
CERTIFICATION	Conservation for	o victine )
E	2De, ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH	. (Entar natura of injury in Pert I or Pert II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
ğ	11001 8.111.	ory, straat, offica bldg., atc.)
X	p.m. 19 at work et work	
	21.   certify that (I) (this hospital) attended the deceased from.	2/2, 1962 to 2/2, 1962 that (1) (we) last
		death occured at 2M, from the causes and on the date stated above.
	228 SENATURE A	ATTENDING MED. STAFF SIGNED
1	Mand / Jelung	D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Typa)	
_	PURIAL CREMATION   221 DATE THEREOF   222 NAME OF CONTINUE	OR CREMATORY   23d, LOCATION (City, town or county) (Stata)
23	BEMOVAL (Spacify) 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
	Burrol 1-4-62 Febra	Milson Mil
24	HUNERAL DIRECTOR'S SIGNATURE / ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	418 ma Va1-10.0	10 0 000 0 160 0 0 0 0 0
1	1 x 11/com a received	DATE PES 0 02 CONTRA . TURNE

be funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may detained by the hospital or attending physician.

TOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 15M 9/60



1SM 7/61

10	
LP	
1	

# MARYLAND STATE DEPARTMENT OF HEALTH

	+			
DIVISION OF STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1, MARYLA	AND
02548	CERTIFICATE	OF DEATH	STREET, BALTIMORE 1, MARYLA	38

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission)		
a. COUNTY Wicomico MARYLAND	o. STATE Maryland b. COUNTY Wicomico		
b. CITY OR TOWN (if outside corporale limits, write RURAL and give nearest town)	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
Salisbury	1/2 Salisbury		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS   e. IS RESIDENCE		
Pen Gen Hospital	S. 112 Naylor Street VES NO N		
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer		
(Type or print) MILLARD PALMER	REED DEATH FEBRUARY 19th 19 62		
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.		
Male   White   WIDOWED   DIVORCED	August 23, 1898   63 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
Auto Body Repair (Body Shop)	Bridgeville, Delaware USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Robert B. Reed	Jane Adams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown)   (If yes give were or dates of service)	rs. Virginia M. Reed (Wife) 112 Naylor St		
NO			
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Salisbury, Maryland		
DART I DEATH WAS CALISED BY	ONSET AND DEATH		
IMMEDIATE CAUSE (a) Dronchopneum	onia		
O O O DUE TO	2.1.0		
	Cell Sarcoma		
geva rise to immadiate cause (e), steting the underlying  DUE TO			
cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N			
8	PERFORMED?		
200. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURE	YES X NO .		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO COURSE OF CONTRIBUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)		
	ACE OF INJURY (Home, farm, † 20t. (City or town) (County) (Stata)		
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PL While Not While fee work 19 work 19	ctory, street, office bldg., etc.)		
21. I certify that (I) (this hospital) attended the deceased from 2/ 5 1923 to 2/ 19 196			
saw the deceased alive on 2, 1962, and the	at death occurred at		
228. SIGNATURE	22b. DATE		
Thomas C. Hell In.	M.D. PHYS. ATTENDING MED. STAFF PHYS.   Feb . 1.0/1962		
22c, PHYSICIAN'S	22d. ADDRESS		
NAME (Type) Thomas C. Hill	Pine Bluff Road-Salisbury, Maryland		
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or county) (State)		
Burial Feb. 21, 1962 Parsons	Cemetery Salisbury, Maryland		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		
HOLLOWAY & COMPANY - SALISBURY, MAR	YLAND DATES 2 3 '62		
	DATES 23 '62 Galler S. Kinns		

2 / 480 Converse (Sellvaising Cond. Vers) grand was held AND A Carden of the massacraph of the Carden ESTALL MARKET STATE OF THE SECOND dan sem types i factoria de violente de la distancia de la dis 

# 13

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate withing the word "pending" in pending in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board and its designated agent, prior to burial, cremation, or removal, and in any event within 72 boars other death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0.2540 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02539 Reg. Dist. No.

U. U	Reg. Dist. Ito.		
1. PLACE OF DEATH O. COUNTY WICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Wicomico		
b. CITY OR TOWN (It outside corporate limits, write RURAL ond give nearest town) Willards (Rubal)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Willards (Rural)		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  R.D.# 1(Richardson Rd)	R.D.# 1(Richardson)  o. Is residence on a farm? YES NO [		
3. NAME OF First Middle (Type or print) LINWOOD ELLEN R	ICHARDSON JEATH FEBRUARY 26 1962		
W-2 371 A	April 30,1886  9. AGE (In years let UNDER 14EAR IF UNDER 24 HRS.  Manths Days Hours Min.		
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Farmer Farming	Willards, Maryland USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Peter Sidney Richardson (Mariah	Ellen Byrd Parsons)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. IV IN IN IN IT IS NO. IV IN IT IS NO.	s. Grace Alma (Parker) Kichardson (Wife) D.#1 Willards, Maryland		
Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	Orchan Dran ONSET AND DEATH  Orchan		
CAIK	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO ()		
	nter noture of injury in Part t or Part II of item 18.)		
Hour o. m. p. m. 19 While Not while of work of work	CE OF INJURY (Home, form, 20f. (Cily or town) (County) (State) ry, street, affice bldg., etc.)		
21. I certify that I took charge of the remains described above opinion death resulted from: Natural causes . Accident .	, Suicide , Hamicide , Undetermined manner   M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED		
EXAMINER'S 407 Camden Ave Salisbury, M.	assistant medical examiner Feb. 26 /1962  d Deputy medical examiner Feb. 26 /1962		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BURIAL Feb. 28, 1962 Dennis Ce	metery Willards, Maryland		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REGISTRAR 246. REGISTRAR'S SIGNATURE			
HOLLOWAY & COMPANY SALISBURY MARYLAND DATEMAR 2'62 Colling & House			

BY GROWING THE RESIDENCE OF THE METERS OF THE WAR PROPERTY COMMENTS AND CONT. OFFICE EXAMINER'S CIRTIFICATE OF BEATH 11 OHO 12 The same of the sa Burnish Strate of the Spring Company Manager of Company of the Company of 

Division of STATISTICAL RESEARCH E DEATH UZDAU EXA Item 7 Film G307 2/20/62 1wk 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission a. COUNTY b. COUNTY a. STATE Wicomico MARYLAND Marvland Somerset b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town) Salisbury direc Princess Anne d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give-streat address) e. IS RESIDENCE Boar d. STREET ADDRESS Por ON A FARM? he State B YES NO Deers Head State Hospital Route 3. NAME OF 4. DATE Month DECEASED OF the DEATH (Typa or print) 19 2-7-62 Marv Elizabeth ithin 24 hours after death.

Give Pages 1, 2, and 3 to orm PM3. Page 5 may be File pages 1 and 2 with the yest within 72 hours after 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours WIDOWED K K DIVORCED 7 Ars. 10a. USUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retired) Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sewell Dryden Margaret Dykes File Vent with form | permit, File 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (If yas give wer or dates of service) Lucy Powell, Princess Anne, Md. Mrs. in Item any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ing" in pencil in Ire er's Office along v ss a burial-transit p removal, and in s ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gava risa to immadiata causa "pending" DUE TO Examiner's (a), stating the undarlying as 0 cause last. used a PART II. OTHER SIGNIFICANT CONDITIONS TAIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical Ex should be u te the micate, writing the word forwarded to the Chief Medical E DIRECTOR: Page 3 should be seed agent, prior to burial, cremat NO -20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury In Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING in car that ran off road and threw her out. Passenger 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY 20f. (City or town) (County) (Stata) Month, Dey, Year factory, street, office bldg., atc.) Not While While et work at work Highwa.v 12-17-6 Pocomoke Worcester 21. I certify that I took charge of the remains described above held an Autopsy X. Inspection X. Inquiry Y and in my opinion death resulted from: Natural causes Accident L Suicide Homicide Undetermined manner lease execute the should be forward by FUNERAL DIRI CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER 2-9-62 EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 40 4 Perryhawkin Burial Princess Anne. 24a REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE arthur & Thomas VS. AISME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Mexical defination Sevell Divoca 178. Lucy towell, trindess anne, d. 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician.

Yes TO FUNERAL DI FOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	02557	MIIIIGAIL	. OI DEATH	,	
	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where	deceased fived, If institution: Rasio	dence before admission)
	Micamica	MARYLAND	maryland	Worcest	-e/c v
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (If outside of	orporata limits, Writa RURAL and gi	ve nearast town)
	Sahisbury		Beelin	2.33	(-2
3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street address)	d. STREET ADDRESS		. IS RESIDENCE
(	Paradi Garage		D- 3 - Bay	20	YES NO
	3. NAME OF GIRLS	Middle	KE. D - DOX	E Month D	ay Yaar
	DECEASED	Middle	() OF	CI	1 1 1
	(Typs or print) Imanda B	arton	Kingler DEA	repruaru oc	6 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NE	ER MARRIED B.	DATE OF BUSTH	9. AGE (In years IF JADER 1 YE) last birthday) Months Day	
	temale White WIDOWED &	DIVORCED _	Aug. 13, 1886	75 Yrs. Months	s Hoois Mills
	10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BI	JSINESS OR INDUSTRY	1 11. BIRTHPLACE (County & State,	or foreign country)   12. CITIZEN	OF WHAT COUNTRY?
	done during most of working life, aven if ratirad)  Housewife	IOme	Monriland	TICA	
	13. FATHER'S NAME	Гоще	14. MOTHER'S MAIDEN NAME	USA	
	Table District				
	Isaac Rickards  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL	SECURITY NO. 1 17 TO	Virginia Hic	Kman	
	(Yas, no, or unkown) (Ifyes giva war or datas of sarvica)				
	XX XX XX	Mr	s. Lida Steele	Berlin, Md.	
	18. CAUSE OF DEATH [Enter only ona causa par line lor (a)		1' 11 15		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANTEN	10 select	the Heart I	esland	enterious
	L+ ) ( DUE TO				
	Conditions, if any, which (b)				
	gava risa to immediate causa				
	(8), stating the undarrying				
		G TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART 1(a	11 19. WAS AUTOPSY
	E PART III. STILLE SIGNATURAN SONE III.				PERFORMED?
	5		(F	A 11 - C *A - 40 h	YES NO
OR CONTRIBUTING CAUSE OF DEATH		W INJURY OCCURED.	(Enter nature of injury in Part I or Pa	rt II of Itam Ib.)	
	20c. Time OF INJURY Month, Day, Year 20d. INJURY O White Not at work at at work at		CE OF INJURY (Homa, farm, 20f. ( pry, straat, office bldg., etc.)	City or town) (County)	(Stata)
	p.m. 19 at work at	work			
	21. I certify that (I) (this hospital) attended the	deceased from	2-12 1962	to 2-24, 1962	that (1) (we) last
	saw the deceased alive on		17		
	22a. SIGNATURE				22b. DATE
	1 Olay Q . 900.	m.	D. PHYS. DIRECTOR	STAFF PHYS.	2-26-62
	22c, PHYSICIAN'S	1	22d. ADDRESS		2 20 02
)	NAME (Type)	1			
Ì	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N	AME OF CEMETERY O	OR CREMATORY 123d. L	OCATION (City, town or county)	(Stata)
	REMOVAL (Specify)	//	B	ish oville, M	d.
	5ur1all 3/1/62	ODRESS CO	25a. REC'D BY REC	GISTRAR 2Sb. REGISTRAR'S SIG	NATURE
	24 FUNERAL SHECTOR'S SAGNATURE	DUKESS M.		162 Cothur 8, 10	
1	July Maly sull	queu,	DATE		
		/			

LECSO and the second s

de

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02552 CERTIFICATE OF DEATH 02542

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dacaasad livad, If institution: Rasidence bafora edmission)
Л	a. COUNTY WICO MICO MARYLAND	a. STATE APVIDAD b. COUNTY SOMERSET
1	b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
1	SALIS OUR II	DAMES GUARTER 19X2
1	NAME OF HOSPITAL ORINSTITUTION (if not in hospital, give straet eddress)	d. STREET ADDRESS   o. IS RESIDENCE
1	Perinsula General HOSPITAL	ON A FARM? YES NO
1	3. NAME OF First Middle	Last 4. DATE Month Day Year
1	(Type or print)	HORES DEATH FEBRUARY 22, 1962
1	5. SEX   6. COLOR OR RACE   7, MARRIED   NEVER MARRIED     8	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
1	Mala libera	May 5- 1884   lest birthday)   Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTI	
	done during most of working life, avan if retired)	C -+ C md 1100
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	William J. Shores	Till and to represent the
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? LIA SOCIAL SECURITY NO. L. 17	INFORMANT Address .
	(Yas, no yor unkown) (If yes give war or dates of service)	rs.Wm.J.Stewart(Daughter)100 Berwyn Rd Blackwood, New Jersey
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 7 A 1 ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio Alu	al tachul auch freezelerons
	4.50.0 DUE TO 0	
	Conditions, if eny, which \ (b) (b) 4 Alm	weh.
	gave risa to immadiata causa (a), stating the underlying  DUE TO	
	causa last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	DIT OF THE PERSON OF THE PERSO	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING  CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	D. (Entar nature of injury in Part I or Part II of itam 18.)
-1		
	U Tool	ACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
	Hour a.m. While Not While at work 19 at work	and find a stage, and a
	21. I certify that (I) (this hospital) attended the deceased from.	2-19-62, 19 to 2-22-6219 that (1) (we) last
		t death occured at IRM, from the causes and on the date stated above.
	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	( line Heart	M.D. PHYS. DIRECTOR PHYS. D 2-22-62
	22c. PHYSICIAN'S NAME (Type DATA )	22d. ADDRESS
	I CHUICE THE HICH	22611 Dinesus IV pulled
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State No.
14		umily Cemetery Dames Quarter, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	HOLLOWAY & COMPANY SALISBURY, MAR	RYLIAND DATE FEB 2 6 '62   anthon 8, thous

52030 4/10/01/10 1741112 Ga + 6786 PERSONAL CONTRACT PERSONAL HORES TEBRUIRY 22 62 Alexander May 5-1884 77 9 17 White White - X Effect distrance Ficting Someret Co. Old. D.S. H. THE RESERVE TO BE A STREET OF THE PARTY OF T could will him will be the all the 14 C - 1 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C - 2 C -Lagrangian Edward Lagrangian Emiliar of the Archive and the second of the second Birtel . v. Feb. 45, 1952 | Barren Stally describe | Parts 50 1992 | Navy 1 THE REPORT OF A PROPERTY OF THE PROPERTY OF TH

# FOR STATE HEALTH DEPT

of Health, sary, TO DEPUTY MEDITY (EXAMINER: This certificate should be executed within 24 hours after death. If any delay is ne please execute the strategy writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of its designated egent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02543 02553

	1. PLACE OF DEATH e. COUNTY					nstitution: Residence before admission)
		comico	MARYLAND	a. STATE	vland b. coun	Somerset
1		f outside corporete limits,	c. LENGTH OF STAY IN 16		(If outside corporete limits, write	RURAL end give nearest town)
/		give nearest town)	00 7			124.2
1		sbury	20 days		Island	198'2
		AL OR INSTITUTION (if not in ho		d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
		la General He	ospital			YES NO X
	3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Year
A		Hub bert 1	R	Shores	DEATH 2-1	4-60 1962
	5. SEX	6. COLOR OR RACE 7. MARRI		. DATE OF BIRTH	9. AGE (In years	
1	M	WIDOW WIDOW		9/15/94	last birthdey) 67 yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATI	ON (Give kind of work   10b.   rking life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
4	Waterman	King life, even it retired)	Seafood	Maryland	i	U.S.A.
	13. FATHER'S NAME			14. MOTHER'S MAIDEN		00000
	Lambert	Chamas		Emma Shor		
-			SOCIAL SECURITY NO. 17.		Address	
		yesgive were references   10				
	no			ohn Fisher	r Deal	Island, Md.
		EATH [Enter only one cause per	inte for (a), (b), end (c).]			ONSO AND DEATH
		H WAS CAUSED BY:	Ja plicer	-		dog
	1 90	30 puero				1
	Conditions, il eny,	//	Nemara	De no	- ·	ne
	geve rise to Immadia	ate cause	1 0 -	) is a		A
	(a), steting the un	ndarlying DUE TO	epating.		1	ahan
	cause lest.	(c)	A		V	X
)	PART OTHER	SIGNIFICANT CONDITIONS CO	NTRIPUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
4	3 1 ~	elme/It	- hup "			YES NO
	PART M. OTHER  208. EXTERNAL CA  PRIMARY   or COI  CAUSE OF DEATH.	USE WAS 20b. DESC	RIBE HOW INJURY COURED.	Enter nature of injury in Pe	ort I or Pert II of item 18.)	
- 100		AIRIBUIIIAG 🔄	Fell Ven	I home		
A	3 20c. TIME OF INJUI		INJURY OCCURRED 200. PLA	CE OF INJURY (Home, fer	m, 20f. (City or town)	O (County) (State)
	20c. TIME OF INJUI	1-25 1962 at wo	le Not While feet	ppy, street, office bldg., etc	Deal Ulle	Immet had
		at I took charge of the re-	mains described above, he	eld an Autopsy V.	Inspection Inquir	y and in my opinion
	death resulted fi	rom: Matural causes	Accident Suic	ide Homicide	Undetermined m	anner
		60.	1	CHIEF MEDICAL	EXAMINER	
- 1	ACTUAL	18ml V	he/	ASSISTANT MEI	DICAL EXAMINER -	DATE SIGNED
	SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER []					
3	EXAMINER'S NAME (Type)	Earl L	. Woye	Address (Sfreet,	City, Sows by county 12	- X 2-17-12
	22e. BURIAL, CREMATIO REMOVAL (Specify)		22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town,	or country) (State)
	burial	2/16/62	St. John's M	eth. Ceme.	Deal Island	. Marvland
23. FUNERALDIRECTOR AND ADDRESS 240. REC'D BY REGISTRAR 24			C'D BY REGISTRAR   246. REG	ISTRAR'S SIGNATURE		
	Leroy G.	Webster H	rincess Anne	, Md . DAFE!	1 2 1 '62 chu	un S. Maria
V!				A PAGE I DAIL		

TOTAL BUT SHEET SERVICE TOTAL OF STREET

				ı
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	death. Page 4 may retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
IDING PHYSICIAN	ned by the hospital o	: After this certificate	defached for use as th	of Health prior to bu
R ATTEN	iv relai	HOR	Found be o	State Dept.
0 7	4 ma	DI T	3 5	the
PITA	age	ERAL	page	with
105	th. F	TUN	ctor,	peli
0	dea	0	dire	pe

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02544

CERTIFICATE OF DEATH

N	ULUUT		
1	1. PLACE OF DEATH . a. COUNTY	2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before admission)	
IJ	WICOMICO MARYLAND	state som reet	
	b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 18 write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	
Ü	Salisbury Life Time	Westover, Maryland, R. F. D. 19x.2	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	
6	Peninsula General Hospital	ON A FARM?	
	3. NAME OF First Middle	Last 4. DATE Month Day Year	
	(Type or print)	brooves DEATH February 12 1962	
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IFUNDER 1 YEAR   IF UNDER 24 HRS.	
	Female Nearn WIDOWED DIVORCED	TT/3/TSOT last birthday) Months Days Hours Min.	
Ħ	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS		
	dona during most of working life, aven if ratirad)	2/0 2	
	13. FATHER'S NAME	Meryland USA.	
	Nelson Collins		
71	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	Zelphia Coston	
	(Yas, no, or unkown) ( (Ifyes give war or datas of sarvica)		
		ery Martin, Bronk, NY.	
	1B. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH	
	IMMEDIATE CAUSE (a)	Thrombosis	
	DUE TO O		
	Conditions, if any, which (b) Orelyel	Or fru sclerosis and	
ī	gava risa to immadiate cause (e), stating the undarlying DUE TO		
	causa last. (c) Hy Ili Perus	iou	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFOR			
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO	
	20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING   CAUSE OF DEATH   0	ED. (Entar nature of injury in Part I or Part II of item 18.)	
		LACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stata) actory, streat, office bldg., atc.)	
	Hour a.m.  P.m.  How work at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	n Jel 3 1962 to Jel 12 , 1962 that (1) (we) last	
	saw the deceased alive on 126 11 19.6 Z, and the	at death occured at	
	22a. SIGNATURE)	/ 22b/ DATE	
	Thomas C. Hell. Is.	M.D. ATTENDING MED. STAFF PHYS.   2/12/62	
	22c. PHYSICIAN'S	22d. ADDRESS I M C 1 C 1	
	NAME (Type)	PINE Bluff Kood, Solishury, Md	
H	23a. BURIAL, CREMATION, 23b. DATE THEREOF,   23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (Stata)	
	REMOVAL (Specific) 3/1/162 Struck	asky tatores Frank mill	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
	William H. Muzas Affrance	DATE DATE 2 0 62 Civing S. Trues	
	in the state of th	- , , , , , ,	

53 2 S (1 Johnson State of the State of t The second secon 

#### STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b NAME OF DECEASED (Type or print) DEATH and lest_birthdey) WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work done during most of working/life, even if retired)

TOWN (If outside corporate limits, write RURAL and give neerest town) e. IS RESIDENCE ON A FARM? YES NO IF UNDER 24 HRS. IF UNDER 1 YEAR I Months Hours 12. CITIZEN OF WHAT COUNTRY? CARPENTE 13. FATHER'S NAME 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: fues IMMEDIATE CAUSE (e) Conditions, if eny, which gove risa to immediate cause DUE TO (a), stating the underlying BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO V 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from......, 19 6 - and that death occured at A.M. from the causes and on the date stated above. saw the deceased alive on..... SIGNATURS 22b. DATE SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S 23c. NAME OF

physician remove TO HOSPITAL
death. Page 4
TO FUNERAL I
director, page 3
be filed with the VR A15 (4) 15M 9/60

64880 45158 (E) 3L 90 x 11 62 101 1 6 6 6 11 1/3 11/10 12 12 12 Lower Comment was set to burney as the Charles Well and Market Market In the And the second second second Marie a marie a series SIEIAL, 12/86/1462 Section numbered HERREN, Ma diety workingen to seersbury 1/2 mil

# FOR STATE HEALTH DEPT ssary, TO DEPUTY MEDY 7. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is niplease execute the ficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 80

VS. A15ME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02546

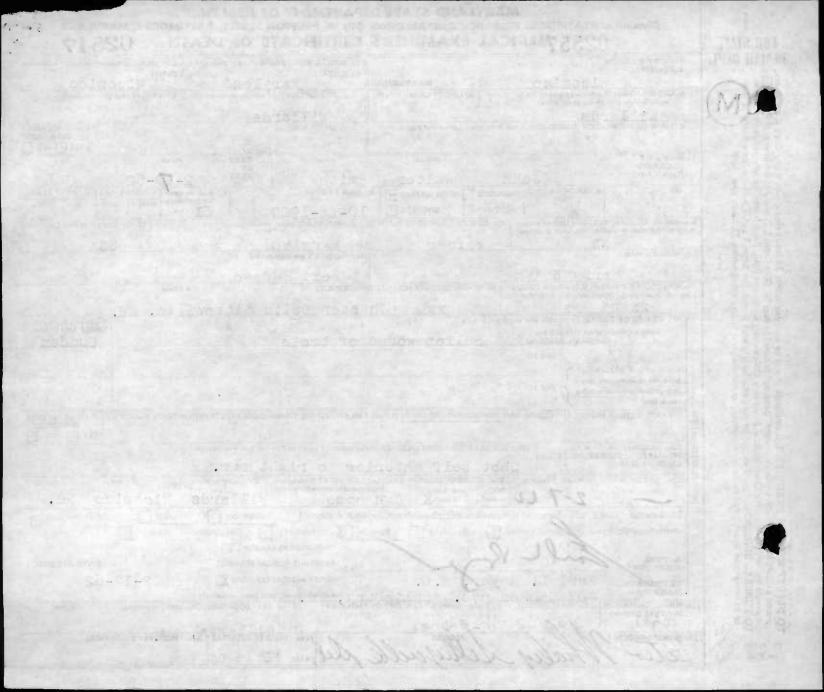
	1. PLACE OF DEATH	11	2. USUAL RESIDENCE (Where deceased in	ved, If Institution: Residence before edmission)			
	a. COUNTY Wicomico		a, STATE b	. COUNTY			
1	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate lim.	Accomac			
	write RURAL and give neerest town)	C. LENGTH OF STAT IN 10	c, CITT OK TOWN (IT outside corporate time	is, write RORAL and give nearest town)			
	Salisbury		Horsey	83 X - 3			
)	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS	IS RESIDENCE     ON A FARM?			
0	Peninsula General Hos	spital	NONE	YES NO			
	3. NAME OF First DECEASED	Middle	Lasi 4. DATE	Month Dey Year			
	(Type or print) John Shepper		DEATH	2-4-62 19			
ń	5. SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED   B.	DATE OF BIRTH  9. AGE (I	years IF UNDER 1 YEAR IF UNDER 24 HRS.			
	M WIDOWED	DIVORCED A	1000 4 21 1880 79	yrs. Months Deys Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work 10b. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	Ret. EATMez-Tru	CK FATMING	Visco i wix	11 5 2			
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	V. J. A.			
	Chetis.	SNITH	Rose A	HUN SeriTh			
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. S	OCIAL SECURITY NO.   17. IN		Address Lowkins Rolla			
H	(Yes, no, or unkown) (Ifyesgive war or detas of service)	0-211-32607	ne Elinabeth	Cal the 7			
	/iB. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), end (c),	ins congavern	I INTERVAL BETWEEN			
ı	PART I. DEATH WAS CAUSED BY			ONSET AND DEATH			
H	3/0	cute periton:	ltis	Days			
4	DUE TO						
١	Conditions, if any, which (b) Rupture of diverticulum of sigmoid						
	(a), steting the underlying DUE TO						
	cause last. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
1				YES NO			
1	PART II. OTHER SIGNIFICANT CONDITIONS CONT  20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   20b. DESCRIB  PORT II. OTHER SIGNIFICANT CONDITIONS  20a. EXTERNAL CAUSE WAS   20b. DESCRIB  PORT II. OTHER SIGNIFICANT CONDITIONS  20a. EXTERNAL CAUSE WAS   20b. DESCRIB  PORT II. OTHER SIGNIFICANT CONDITIONS  20a. EXTERNAL CAUSE WAS   20b. DESCRIB  PORT II. OTHER SIGNIFICANT CONDITIONS  20a. EXTERNAL CAUSE WAS   20b. DESCRIB  PORT II. OTHER SIGNIFICANT CONDITIONS  20a. EXTERNAL CAUSE WAS   20b. DESCRIB  PORT II. OTHER SIGNIFICANT CONDITIONS  20a. EXTERNAL CAUSE WAS   20b. DESCRIB  PORT II. OTHER SIGNIFICANT CONDITIONS  20a. EXTERNAL CAUSE WAS   20b. DESCRIB  PORT II. OTHER SIGNIFICANT CONDITIONS  20a. EXTERNAL CAUSE WAS   20b. DESCRIB  PORT II. OTHER SIGNIFICANT CONDITIONS  20b. DESCRIB  PORT II. OTHER SIGNIFICANT CONDITIONS  20c. DESCRIB  PORT III. OTHER SIGNIFICANT CONDITIONS  20c. DESCRIB  20c. DESCRIB  20c. DESCRIB  20c. DESCRIB  20c. DESCRIB  20c. DESCRIB  20	E HOW INJURY OCCURED. (En	ter nature of Injury In Part I or Part II of item 1B.)				
1							
1	0		E OF INJURY (Home, ferm, 20f. (City or town by, street, office bldg., etc.)	(County) (Stata)			
1	Hour a.m. While et work	Not While factor	7, 3100, 01100 5109, 010.]				
-	21. I certify that I took charge of the rema	ins described above, held	an Autopsy Inspection V.	Inquiry and in my opinion			
1	death resulted from. Natural causes V.	Accident , Suicio	le . Homicide . Undetermi	ned manner			
	600	7	CHIEF MEDICAL EXAMINER				
	ACTUAL GOLL VS	. /	ASSISTANT MEDICAL EXAMINER	DATE SIGNED			
1	SIGNATURE FORT T POSSESS	XIV D	DEPUTY MEDICAL EXAMINER				
	EXAMINÉR'S Earl L. Royer	JM.D.	Address (Street, city, town, or county)	2-5-62			
-	22a. BURIAL, CREMATION, 22b. DATE PARTE OF EN	N. SIAME SPORMER PORT	CHIMATORY 224. LOCATION (CIT	y, town, or country) (State)			
	REMOVAL (Specify) 2/7/62	enkins Bril	so Come Henkins	Bridge, Va			
-	23. FUNERAL DIRECTOR A Lant	ADDRESS		. REGISTRAR'S SIGNATURE			
	Lay Il warm Ha	10 Temperane	eville DATE SER 1 3 '62	Carina S. Krous			
ļ	tox thretal HON	ne or the eine	eville, DATE FER 13 '62	Comit a. I viene			

CONTRACTOR OF THE SECRET PRODUCTS OF THE PROPERTY OF THE PROPE F BE MINISTER STORY STORY STORY OF THE STORY OF THE STORY

## FOR STATE HEALTH DEPT. 1. PLACE OF DEATH

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0257MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02547

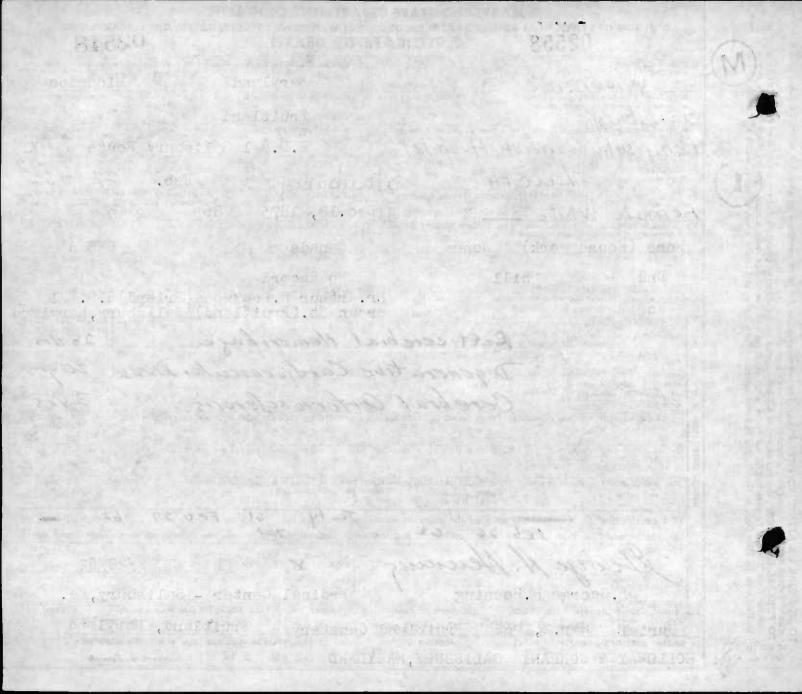
> 0 A	. COUNTY	~464H			1 2.	a. STATE	NCE (Where de	b. COUN		sidence before edmissi	on
age .		Wicomi		MARYI	LAND		rvland	b. COO!		omico	
ENA	b. CITY OR 1	OWN (if outside corpor RAL end give neerest to	ate limits,	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside corpo	orate limits, write			
SEGIAI)		llards	w.,,	1000		Willa	nd e				
y is	d. NAME O	HOSPITAL OR INSTITU	TION (if not in h	ospitel, give street eddre	(ase	d. STREET ADDRES				e. IS RESIDEN	CE
d de la	- 5 - 7						DED			YES NO	_
fun fun itat ath.	3. NAME OF		First	Middla		Last	RFD	Month		Dey Year	_
f and the See See de	DECEASEI (Type or prin		7 1		-		OF DEATH				
fer the	5. SEX		John	Walter		ith		2-14	0-62	19	
K with	J. JEA	e. COLOR O	7. MARR	IED NEVER MARRIED	8. DA	TE OF BIRTH	9.	AGE (In years last birthday)	Months D	YEAR IF UNDER 24 HR	
an a	M	l W	WIDOW			-28-190		61 yrs.	Monns D	ays Hours Min	
2 hd 2	done during mo	CUPATION (Give kind st of working life, even	of work 10b.	KIND OF BUSINESS OR	INDUSTRY   11	. BIRTHPLACE (Stat	e or foreign cou	ntry)	12. CITIZ	EN OF WHAT COUNT	RY
Page 1 ag		XX		Farmer		Marylan	nd		Т	USA	
d 28.39	13. FATHER'S N	IAME	-		14.	MOTHER'S MAIDEN				JOR	
PA PA T		Harry S	mith			Bell Hu	14 400				
Orm Sile	15. WAS DECEA	SED EVER IN U.S. ARM	ED FORCES?   16	SOCIAL SECURITY NO	0. 17. INFO		neson	Address			-
Will to William	(Yes, no, or unk	own) (Ifyesgivawarord	ates of service)								
wit with the same	I 18. CAUS		nly one cause per	line for (e), (b), and (c)	Ches	ter Smit	th Piti	tsville	e, Md.		
in decreased in de		I. DEATH WAS CAUSE								INTERVAL BETWEEN ONSET AND DEATH	
alon frans		IMMEDIATE CA		Bullet wo	ound o	f brain				Sudden	
d d d d d d d d d d d d d d d d d d d		176 X	OT 3U								
ould Offic buria		if any, which	(b)								
S a S		tha underlying	OUE TO								
and and a	causa last.		(c)								
"pe "	Z PART II	OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH	SUT NOT REL	ATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1		
Day of the Control of	NO PART II									YES NO	7
Thi We did	20m. EXTER	NAL CAUSE WAS	20b. DESC	RISE HOW INJURY OCC	URED. (Enter r	neture of injury In Pa	art I or Part II of	item 18.)		I II I NO L	Y
the Sho	20a. EXTER PRIMARY A CAUSE OF	or CONTRIBUTING						111			
N. Sie			DI10	t self an	ret.Tot	O LIE	ill ear	•	10	10000	
writing writing Chief Page 3 to burit	0	0.m. 7	Whi	leNot While	factory, si	treet, office bldg., at	c.)		(Count	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
X 0, ± % 0	¥ _	p.m. 2-1	19 U at we	ork at work	Own ho	ome	Willa	res W	icomi	co Md.	
P O P	21. I cer	tify that I took ch	grge of the re	mains described abo	ove, held a	n Autopsy ,	Inspection	X Inquir	y 🗐 🔭	and in my opinior	1
BEC agent	death res	ulted from: Watu	ral causes	, Accident ,	Suicide	* Homicide	Und	letermined m	anner 🗌		
	Share	1	71 0		/	CHIEF MEDICAL	EXAMINER				
Por Dor	ACTUAL	//m	C 14	72/		D. ASSISTANT ME	DICAL EXAMINE	R		DATE SIGNED	
CUTY Nevecute Id be for IERAL esignation	EXAMINÉ		L. Roy	er M.D.	M	-	AL EXAMINER X	7	2-12	-62	
DA SPINA	NAME (Ty				i ahum		- 44	_	~ · · · · ·		
DEPUTY sase exect should be FUNERA is design	22e. BURIAL, CR	EMATION, 226. DATE	amden THEREOF	AVE SAT	TERY OR CRE	MATORY	22d. LOCATI	ON (Cily, lown,	or country)	(State)	-
09409	Buraa		3/62	Bether			100 A 72 C				
HH	23. EUNERALIO	7	1	ADORESS		A 1248. RE	C'D BY REGISTR	AR ZAD. HEG	SFRAR'S SIG	NATURE	
VS. A15ME	11,7	1/1/1/10	11.1	1, 11,11	10/2	Noa					
2W 1/00	- July	10 rue	ery s	wayne	me f	DATE	FEB 15'6	021 6	2.	Tunua	



#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02548

1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, If Institution: Residence before edmission)
	Micomico Maryland	a. STATE Maryland b. COUNTY Wicomico
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	write RURAL end give neerest town)	
1	d. NAME OF HOSPITAY OR INSTITUTION (if not in hospitel, give street address)	Fruitland.  d. STREET ADDRESS  1. IS RESIDENCE
-	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ON A FARM?
1	eninsula General Hospilal	R.D.# 1 Salisbury Route ves NoX
3	NAME OF First Middle	Lest 4. DATE Month Dey Yeer
	(Typa or print) LuciA	anburry DEATH Feb. 27 1962
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Female Mhite WIDOWED IN DIVORCED I	Dec. 18, 1875  86 yrs.  Nonths Deys Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
	None (House Work) None	Canada U.S.A
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unk Hill	No Record
1	The state of the s	
	Yes, no, or unkown)   (Ifyes give war or detes of service)	"Arthur M. Lockwood (Friend) R.D.# 1
	No Br	own St. (Fruitland) Salisbury, Marylan
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	NTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Reft cere bra	I Hemorrhage 28 Hrs.
	QUE TO	
	Conditions, if any, which \ (b) Degenerative	e Cardiovascular Disease 20 grs.
	gove itse to immediate cause	
	(e), stering the underlying	Internacionalis 3460
12		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)) 19. WAS AUTOPSY
F		PERFORMED?
V 712	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED	YES NO NO.
CEDTISICATION	OR CONTRIBUTING CAUSE OF DEATH	, (Enter hardre of injury in refit to refit to field to.)
1 '		
ICA1	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. 20e. PLA Hour a.m.	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
MEDI	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	July 1961, 10 Feb. 27, 1962 that (1) ( last
		death occured at 7.06 PM, from the causes and on the date stated above.
	22e. SIGNATURE	22b. DATE
	Storge A. Henring M	D. PHYS. DIRECTOR PHYS. 2/28/62
	222 PHYMCIAN'S	22d. ADDRESS
	NAME Dr. George H. Henning	Medical Center - Salisbury, Md.
=	38. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
4	REMOVAL (Specify)	Thurst blood Many land
-	Burial Mar. 2, 1962   Fruitland	Cemetery Fruitland, Maryland
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	HOLLOWAY & COMPANY SALISBURY, MARY	ILAND DATEMAR 5'62 Cultur S. Kraus



MARYLAND	STATE	DEPA	RTMENT	OF	HEALTH
----------	-------	------	--------	----	--------

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02549

male white widowed Divorced and other yes.	much
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown)  SALLS DUTY  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  PENINSULA GENERAL AND MIDDLE STATE ADDRESS  3. NAME OF DECEASED (Type or print)  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARRED FORCES? (Yes, no, or prinking) life give were redeles of service)  16. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if eny, which  (b)	7700
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  Peninsula General Hospital  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In yaers If UNDER 1 last birthdey)  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHELARE (County & State, or foreign country)  12. CIT  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or antawn). Viryes give were or deles of service)  16. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  LOCAL DELICATION (b)  Conditions, if eny, which  (b)	d give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  Pennsula General Hospital  3. NAME OF DECEASED (Type or print)  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years   FUNDIR 1	82 V.3
Peninsula General Hospital  3. Name of Deceased (Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVOR	e. IS RESIDENCE
3. NAME OF DECEASED (Type or print)  5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED NEVER MARRIED DIVORCED NEVER MAIDLEN & State, or foreign country)  10a. USUAL OCCUPATION (Give kind of work done during into even if retired)  10b. KIND OF BUSINESS OR INDUSTRY II. BIRTIPLACE (County & State, or foreign country)  11c. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or intame) If yes give were or detes of service)  11b. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which (b)	ON A FARM?
(Type or print)  5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	Day Yeer
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years last birthdey)  10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country)  12. CIT done during most of working life even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Sys, no, or unknown) lifes give were detectored for (a), (b), end (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which (b)	01- 101 0
Date White, WIDOWED DIVORCED WHO HAVE DIVORCED WIDOWS State, or foreign country)  10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Actual Complete Cocking House  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or integral) Utyes give were detected every line for (a), (b), end (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which  (b)	23 1962
10s. USUAL OCCUPATION (Give kind of work done during most of working life) even if retired)  10s. VSUAL OCCUPATION (Give kind of work done during most of working life) even if retired)  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) life yes give were detected for (a), (b), end (c).  11s. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) life yes give were detected by the line for (a), (b), end (c).  12. CIT WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) life yes give were detected by the line for (a), (b), end (c).  12. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (b) end (c).  13. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) life yes give were retired to the line for (a), (b), end (c).  14. WOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) life yes give were retired to the life of the life	Days Hours Min.
done during most of working life, even if refired)  Actual Complete Pocking House  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or interval) (Yesgivewerordeles of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Conditions, if eny, which  (b)	
The Cause of Death Lenter only one cause our line for (a), (b), end (c).  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or unknown) lifes give were determined our line for (a), (b), end (c).  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which  (b)	IZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or intawn)   Vives give we ror detes of service)  18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Untervioscleratic Heart Slicease  Conditions, if eny, which  (b)	S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no, or interwal) Vives give we ror detes of service)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Conditions, if eny, which  (b)	1
(Yes, no, or intawn) Vivesgivewerordeles of service)  1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Untercoscleratic Heart Alicease  + 26  Conditions, if eny, which  (b)	7
1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unterconscluration Heart Alicease  + 20  Conditions, if eny, which (b)	-1 0.5
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unterioscleration Heart Slicease  1 20 DUE TO  Conditions, if ony, which (b)	Helliond Ik
HMMEDIATE CAUSE (a) Conditions, if eny, which (b)	INTERVAL BETWEEN
Conditions, if ony, which (b)	ONET AND TEATH
Conditions, if eny, which (b)	Distraction
(e), stelling the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 1(e) 19. WAS AUTOPSY PERFORMED?
\frac{1}{5}	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF ITHER, NOTIFY MEDICAL EXAMINER	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour e.m. While Not While factory, street, office bldg., etc.) et work et work	inty) (State)
Hour e.m.    While   No! While   rectory, street, office blag., etc.)	
21. I certify that (I) (this hospital) attended the deceased from 1-23 , 1962, to 2-25, 19	62. that (1) (we) last
saw the deceased alixe on 2/124 1962 and that death occurred at 9/2M, from the causes and on the causes and on the causes are considered as 19/2M.	
22e. AGNATURE.	22b. DATE
Many J. Silver M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S 22d. ADDRESS	
NAME (Type) U	
23e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or count	y) (Stete)
REMOVAL (Specify)	16
24 FUNERAL DIRECTOR'S SIGNATURE: ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
The state of the s	SIGIALIONE
Mullit of pelisfor accorner, Na DATE FER 2 8 '62   Ciding s	

Cleso 223.0 Danne LIW and a market with the second Personal bearing market Legaph Thomas Stant trette commit dangel at the live that a to the same at a total at and ent wall the Heart was a second The second of the second second second second

9

- N	ARYLAND STATE DEPARTMENT OF HEA	LTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREE	ET, BALTIMORE 1, MARYLAND
02560	CERTIFICATE OF DEATH	02550

- VA 0 0 U	
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission)
Wicomico MARYLAND	o. STATE Maryland b. COUNTY Prince George's
b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 18	
write RURAL and give neerest town) Salisbury 2,321 days	- 4 0
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	Suitland, Washington, D. C. 1621-2
	5000 Suitland Road ON A FARM?
Deer's Head State Hospital	112 110
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year
(Typa or print) Mary E.	Taylor Death Feb. 2 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Nov. 25, 1883   last birthday)   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUS	
done during most of working life, even if retired)	
ONK ONK	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Agustus Knockey	Ward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)   (Ifyesgivewerordatesofservica)	r. Alfred Irving Taylor (Husband)
579-03-74/22 T	okaland Fla Taylor(nuspana)
18. CAUSE OF DEATH [Enter only one coule per line for (e), (b), end (c).	akeland Fla. & Diens Hinel Hosp. Records. INTERVAL BETWEEN ONSET AND DEATH
	e edua ONSET AND CEATT
IMMEDIATE CAUSE (a) 1 WWW (CT	y kocoucic z i oc
9-4-3X DUETO LI DICE. 1	
Conditions, if any, which (b)	) vears
geva risa to immedieta cause	
(a), stating the underlying couse lest.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OF	PERFORMED?
	YES NO
OR CONTRIBUTING □ CAUSE OF DEATH	ED. (Enter neture of injury in Pert I or Pert II of item 1B.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While p.m. 19 at work at work	actory, street, office bldg., etc.)
7 1 0	Sept. 26, 1955, to Feb. 2, 19.62 that (I) (we) last
	at death occured atM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
V. water	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 2/2/62
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) L. V. Maldve, M. D.	Deer's Head Hospital; Salisbury, Md.
23a. BURIAL, CREMATION,   23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY, MAH	RYLAND DATE

(16,6) S'ergond epublic and a preferral and a single 602000 TO DESCRIPTION OF THE PARTY OF married the president and a facility of det and the second The state of the s A Seed To the Street Street . . . 明日 2011年 2011年 東京 112年 1122 日 . F Campagnet and the state of the STATES, ETWINE Mary Total Colors Shell, & dest California What Loan, indicating Enaction & family of

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY . WICOMICO MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) NAME OF DECEASED OF (Type or print) 8. DATE OF carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED and WIDOWED 10a. USUAL OCCUPATION (Give kind of work physician ove done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ng, or unkown) | (Ifyesgive war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ' 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour a.m. at work at work p.m.

2. USUAL RESIDENCE (Where deceased lived, If Institution: b. COUNTY 100mico c. CITY OR TOWN (If outside corporala limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO X IF UNDER 24 HRS. AGE (In years last bighday) Months Hours 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO L 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) (County) (State) 1962 that (I) (wo) last ......19.6.3., and that death occured at J.J.M., from the causes and on the date stated above. saw the deceased alive 22b. DATE SUNATURE SIGNED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 25b. REGISTRAR'S SIGNATURE arihur S. Thous

death. Page 4. है हैं दे 15M 9/60

VR A15 (4)



Constitution in the service of the s M. W. Comico a store in Saltability The waste of the second town and chicamars Soth Patterner Taylor Fabrush 8 162 1930 - 87 There is the stiff of Alert? ATTURNED TO THE TOTAL OF THE STATE OF THE Charactery artisty Thermodernia 30 lin March Je Landon Commence of the State of the after the time of the text of the state of

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

02552

92562	CERTITICA	IL OI DEATH		0,000,0
1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: and b. COUNTY	Residence before admission) Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	bury	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Gen Hospit		d. STREET ADDRESS	Cecil Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF PICEASED (Type or print) PAUL	JAMES	TINGLE	4. DATE Month OF DEATH FEBRUARY	12th 19 62
5. SEX 6. COLOR OR RACE 7. MARI White WIDOW		B. DATE OF BIRTH December 10	lost birthday) A	Onths Poys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) Employee (Broiler Serv:	VAC OT			US A
13. FATHER'S NAME	Market Company	14. MOTHER'S MAIDEN NA	AME	
Charles H. Tingle		Annie Jan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no, or unknown)  YES  W. W. # II	SOCIAL SECURITY NO. 17, 10	rs.Margie V. Salisbur	Tingle(Wife)	1007 Cecil St
PART I. DEATH (Enter only one cause per li  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if ony, which gave rise to immediate cause (a), stating the under-	etastatie Description	: Emba	y RV of a	INTERVAL BETWEEN ONSET AND DEATH
lying couse lost. (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
САТІС				PERFORMED? YES NO S
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II at item 18.)	
20c. TIME OF INJURY Manth, Doy, Year 20d. I Hour o. m. N/A 19 While of wor	Not while fa	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)  N/A	(Caunty) (State
21. I certify that (I) (this hospital) attends saw the deceased alive on 12/12	11		MT NT	
220 STGNATURE	W.		D. STAFF PHYS.	Feb./3 /1962
22c. Physician's NAME (TypE)r. Carrie I.H	learn	N. Divisio	n St.Salisbu	ry, Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Feb. 15, 1962	23c. NAME OF CEMETERY O	emorial Park	23d. LOCATION (City, town, or Calisbury,	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC*D	BY REGISTRAR 25b. REGISTR	RAR'S SIGNATURE
HOLLOWAY & COMPANY S	SALISBURY, MAF	RYLAND DATEES	14 '62 arthu	1 S. Flines

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 director After this certificate has been signed by the attending physician and campletely filled in by the hed far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 sho haspital ar attending physician.

ealth prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

TO FUNERAL DIRECTORS Shauld be of the State Board of Hee VR A15 (4) 15M 9/59

may be retained

SERVED TRADERED SOURCE OF PERSON

VR A15 (4) 15M 7/61

	DIVISION	OF STATISTICA	7107-600	YLAND ST ARCH AND R	ATE	DEPARTMENT DS, 301 W. PRES	OF HEA	LTH EET, BALTIM	ORE 1, MA	RYLAND
		02563		CERTI	FICA	TE OF DEA	TH		02	553
1.		comico Coun		MAR	YLAND	a. STATE	ence (Where	deceased lived, if in b. COUNT	Kent Co	unty
	write RURAL and	f outside corporate limit giva nearest lown) lisbury	5,	c. LENGTH OF ST		The state of the state of	N (If outside co lorton	rporata limits, write	RURAL and give	nearest lown)
		Head State		pital, give street edo	iress)	d. STREET ADDRE	55			e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Edw.	in	Middle H e		TRINKS	4. DATE OF DEAT	705 3	ary 27	Year 1962
	Male Male	6. COLOR OR RACE White ION (Give kind of work	WIDOWE		ED 🔲	B. DATE OF BIRTH March 15,	1877	9. AGE (In years last birthday)	Months Days	IF UNDER 24 HRS. Hours Min. OF WHAT COUNTRY?
do	ne during most of wo Mille	rking life, even if retired	1)	our Mil.		S. Caro.	lina	or foreign country)		.A.
		Henry Trin				Ann	a Hoge			
15. (Ye	No (H	ER IN U.S. ARMED FOR	rvice) U	nknown	E	dwin R. Ti	rinks	Wortor Wortor	n, Mary	
	PART I. DEATI	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	causa per li			elonephritis			C	iterval between nset and death 2 days
	Conditions, if eny gave rise to immedi (e), steting the un cause last.	ate causa nderlying DUE TO		Diab	etes	mellitus				10 years
CERTIFICATION	PART II. OTHER					NOT RELATED TO THE TER			N IN PART 1(e)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIF	OR CONTRIBUTING	AS UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURI	ED, (Enter neture of injury	in Part I or Part	t II of item 1B.)		
MEDICA	20c. TIME OF INJU Hour e.m. p.m.	RY Month, Dey, Yee	while			ACE OF INJURY (Home, ctory, street, office bldg.,		ity or town)	(County)	(State)
	21. I certify to saw the decease 22a, SIGNATURE	11/10/10/1				Aug. 27,	25 M. M	m the causes	, 1962 and on the c	date stated above
	22c. PHYSICIANIS NAME (Type)	Lee L.	Lawr	V. M.D.		M.D. ATTENDING PHYS	MED. DIRECTOR  Deer's	☐ STAFF 內HYS. ☒ Head Statery, Md.	e Hospi	2/27/62 tal
234	Burial, CREMATI REMOVAL (Specify) Burial	ON, 23b. DATE THER	EOF	23c. NAME OF		or CREMATORY  Cemetery		CATION (City, tow		(State) 7land
24	Victor N	Kenned	y	Still Still	Pond	Md.	REC'D BY REG		istrar's sign	

BedSU 7. 7 The state of the latest and the late Hale - White a walker - m to you the party - ale carried as a first to you fit to be former maker . I selected the major of THE SOUND IS NOT THE WAY OF THE PARTY OF THE 7:25. THE RESERVE OF THE PARTY OF THE furthered board band of your the we 

Martin To the second of the se

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

-	U2564 Item 9	Film G307 2	2/15/62 iwk		
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where decee	sed lived, If Institution: Resid	denca bafore edmission)
1	Vicomico	MARYLAND	m 3 -1/ /2 10 /	b. COUNTY	octon
1-6		LENGTH OF STAY IN 16	c. CITY OR TOWN (II outside corporet	a limits write RURAL and gir	ve neerest lown)
1	write RURAL and give neerest town)	i control of state in the	0.1	o mining, with the state of	
10	alis bury		Ucean City	1	X
	NAME OF HOSPITAL OR INSTITUTION (if not in hospite	il, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
1	Dan : 1/2 (22-12)	4.1.4.1	100 0 1	C+ +	YES NO Z
I	eninsula General	/105pilal	103 Caroline	01/22/	
3.	NAME OF DECEASED	Mode	Last A. DATE OF	Month D	ey Year
	(Type or print)	V	///2 //2 - O DEATH /	-ehrusey	7 1962
5.	SEX   6. COLOR OR RACE   7. MASK ED	NEVER MARRIED   B.	DATE OF BIRTH 9. A	GE (In years   IF UNDER 1 YEA	
	$m_{-1}$	NEVER MARRIED		st birthdey) Months Dey	
/	Male WIDOWED	DIVORCED	ebruary 7.1962	- yrs.	1 12   39
10a	. USUAL OCCUPATION (Give kind of work   10b. KIND	OF BUSINESS OR INDUSTRY	11. AIRTHPLACE Lounty & State, or lore	eign country)   12, CITIZEN	OF WHAT COUNTRY?
do	ne during most of working life, even if retired)		X	n. 1	UCA
			paus rung )	nd	70,217
13.	FATHER'S NAME	111 -	4. MOTHER'S MAIDEN NAME	2	
	Scott 11	lallace Sc	Sally + lizzheth	KAUND	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SO	CIAL SECURITY NO. 17. IN	FORMANT	Address	In X
(Ye	s, no, or unkown)   (Ifyesgiva werordates of service)		0	1.1	(1)11. 101
			w. sence w	alace on	, Vulle light
	1B. CAUSE OF DEATH [Enter only one ceuse per line	lor (a), (b), and (c).]		0	INTERVAL BETWEEN /
	PART I. DEATH WAS CAUSED BY:	no e dit	. 0 4	- 0	ONSEI AND DEATH
	IMMEDIATE CAUSE (e) 11)	same oncre	clarest Hemour	age	
	760,5 DUE TO				
	Conditions, if any, which \ (b)				
	gave rise to Immediate cause				
	(a), stating the underlying DUE TO				
	ceuse last, (c)				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CO.	NDITION GIVEN IN PART 1(e	19. WAS AUTOPSY PERFORMED?
Ĭ	it ti	1/2 001	O Pro T	t	YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING   20b. DESCRI	c Henria	Enter nature of injury in Pert I or Pert II of	itam 18	
E	OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURED. (	Enter nature of injury in rest 1 of rest it of	itelli 10.7	
l m	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
13	20c. TIME OF INJURY Month, Day, Year   2Dd. INJ		OF INJURY (Home, ferm,   201. (City or	town) (County)	(Stele)
MEDICAL	Hour a.m. While		y, street, olfice bldg., etc.)		
X.	p.m. 19 et work	et work			
	21. I certify that (I) (this hospital) attended	d the deceased from	2/7 1962 10	19	that (I) (we) last
			leath occured at & &M, from the		
		and that c	learn occured at	ne causes and on the	
	228. SIGNATURE		ATTENDING & MED.	STAFF	22b. DATE SIGNED
	William C Mox	can M.D.	DUIVE DIRECTOR	PHYS.	2/7/6
	22c. PHYSICIAN'S	1	22d. ADDRESS		
	NAME (Type)		1-0-0-	- m 1	
-			Donner	7 11 0	
23		3c. NAME OF CEMETERY OF	CREMATORY 23d. LOCATI	ON (City, town or county)	(Stete)
	REMOVAL (Specify) 2 -1 4 2	EVERRA	56N /3	eslen	Vud
-	FINAL DISCOONS SIGNATURE 9		25e. REC'D BY REGISTRA	R 256. REGISTRAR'S SIG	NATURE
24	FUNERAL DIRECTOR'S SIGNATURE	DDRESS /	rud	a the S. Ku	
1	me I duly	Julia "	DATE 1 3 '62	CICCION A. 100	
-	1082 20222				
1	1012273133		A STATE OF THE REAL PROPERTY.		

Fee30 A TOMAN TO THE PROPERTY OF THE PARTY. SHALL SHALL WELLER STORY TOP TO YEAR THEY Holis have ned the my death walne of level Spectional Larger and the same of Mills the planting to send of try or type to 2/7/2 1. 1. 1 mol by no (11 months decharace) Maria College Constant TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 my retained by the hospital or attending physician.

S TO FUNERAL DY, COR: After this certificate has been signed by the attending physician and completely filled in a function, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION	OF STATISTICAL	RESEARCH AND	RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE	1, MARYLAND
	02565	CERT	IFICATE	OF	DEATH			02000

1)	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before edmission)
1	MARYLAND MARYLAND	a. STATE VI DIND b. COUNTY SO WIFE SET
	b. CITY OR TOWN (if outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
	write RURAL and give nearest town) 100045	DEBI TSLAND 19x2.
1	d. NAME OF HOSPITAL OR INSATUTION (if not in hospitel, give street address)	d. STREET ADDRESS   o. 15 RESIDENCE
K	2 de la la la tach etall	MOIN ROAD YES TINOT
P	3. NAME OF SULA First	Last 4. DATE Month Dey Yeer
П	(Type or print) ROPERT TALLES	OF OF
	TIVDER OAMES	Value 1 Trouting 5-1962
	MARKIED NEVER MARKIED	9. AGE (In years IF UNDER 1 KAR IF UNDER 24 HRS.    Isst birthday   Months   Days   Hours   Min.
-	100. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	JUNE 16-1881 8 Dyrs.
	done during most of working the, even if retired)	Y 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Waterman Slapood	MARYLAND 4.3.H
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	NOHN WALLACE	MARTHA BARKLEY
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown)   (Ifyesgivewerordetesofservice)	MEORYTANT Address Address
	No unknown	Dene Wallace Dell Mins
	IB. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	and Depticema
	DUE TO	
	Conditions, if any, which \ (b) Que to	Proteus
	geva risa to Immediate ceuse (a), steting tha underlying  DUE TO	
	cause lest. (c)	
		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	AT A STATE OF THE	PERFORMED? YES NO IN
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED  OR CONTRIBUTING   CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Part II of item 1B.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Н	3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While et work at work	ory, street, offica bldg., etc.)
	21.   certify that (I) (this hospital) attended the deceased from	1/29- 1962, to 2/8 , 1962, that (1) (we) last
	2 / 62	death occured at M, from the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
	0 11000	D. ATTENDING MED. STAFF 2/11/62 SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type)	Pine Bloth Road Salisbur Md
	238 BURIAL, CREMATION, 236. DATE THEREOF   236-NAME OF CEMETERY	PR CREMATORY   23d. LOCATION (City, towner county) (State)
	SEMOVAL (Specify) 2-11-62 John Wesler	Methode T X and Island Mix
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Manage REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
	Dig Webler Trinceslin	DATEFEB 1 9 '62 Outling & House
		2, 116

20380 (M) The country of the state of the Trum south broken play this MAN Sons minte Columbial June 16-1881 80 Evenine dectood Mary Lang USA JUHN WALLACE MARTHA BURKLEY
NO WHYMM KINNELLEN LANGEL or suggest to the visitey Matrices Lead marie and the state of t

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02568 CERTIFICATE OF DEATH 02566

1. PLACE OF DEATH	I				f Institution: Residence before edmission			
Wic	Wicomico County MARYLAND			o. STATE Maryland Somerset County				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)			c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)  Princess Anne					
								d. STREET ADDRESS
			Deers	Head State	Hospital	Oak St	reet	YES NO
3. NAME OF First DECEASED		Middle	Last	4. DATE Mon	th Dey Yeer			
(Type or print)	Edn	a May	WALLER	DEATH Fe	bruary 18, 19 62			
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year	IF UNDER 1 YEAR   IF UNDER 24 HRS.			
Female	T.T7. 2 A		Dec. 28, 18	B95   last birthdey)	Months Deys Hours Min.			
10e. USUAL OCCUPAT	ION (Give kind of work	10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	nty & State, or foreign country	12. CITIZEN OF WHAT COUNTRY			
Housev	rking life, even if retirad)	Own home	Mar	Maryland U				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	Thomas Heat	h	Lo	uisiana Heath				
	ER IN U.S. ARMED FORCE		INFORMANT	Addre	\$5			
No	None		s. Clyde J	enkins, Prin	ncess Anne, Md.			
IB. CAUSE OF E	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),]							
PART I. DEAT	PART I. DEATH WAS CAUSED BY:    MAKEDIATE CAUSE (a)   Gastrointestinal hemorrhage   3 days							
291	1 \	GGS 010 Elive.	JOHNAL MOMOT		2 449			
Conditions it and	Conditions, if env. which (b) Polycythemia vera Years							
	Conditions, if eny, which geve rise to immediate cause							
(a), steting the u	DITE TO							
	ceusa lest. (c)							
PART II. OTHE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED?							
[5] I	Diabetes mellitus YES NO NO							
OR CONTRIBUTING	208. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
30c, TIME OF INJU	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)							
20c. TIME OF INJU	Hour e.m. While Not While factory, street, office bldg., etc.)							
21. I certify	21. I certify that (I) (this hospital) attended the deceased from March 20, 1957, tebruary 18, 19.62 that (I) (we) last							
	saw the deceased alive pn. Feb. 18, 19.62, and that death occurred at							
22e. SIGNATURE	22- SIGNATURE 22b. DATE							
	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 2/19/							
22c. PHYSICIAN'S NAME (Type)	L. V.Malo	dve, M. D.		eer's Head Sta alisbury, Mary				
DA BURIAL CREMAT	ON, 23b. DATE THEREO	OF 23c. NAME OF CEMETERY		23d, LOCATION (City, 1				
REMOYAL (Specify) Burial					Anne, Md.			
24 FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR   25b. R				
		incess Anne, Mo	d. DATE	SED 0 0 100				
	, , , ,	,	IDAIL	FEB 2 3 '62	Onthout S. Haus			

33380 28.75V Miles of the material - Did to the admit to the attractive GREET SECTION OF THE SECTION the olige depicting orthogen arms, in Harmonia og vindi. Venumino i 120 mil den en en mil de la companya del companya del companya de la companya de . The state of the Tago of the state of the level R. Wilson, reincess from Mil. 9

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 02567 CERTIFICATE OF DEATH 02567

1. PLACE OF DEATH  o. COUNTY			2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)  e. STATE  Marvland  Wicomico				
Wic							
b. CITY OR TOWN (if ou		c. LENGTH OF STAY IN 1b	V				
Salisbury	write RURAL end give nearest town)		12 Salish	ישיר דור			
	Sbury 615 days OSPITAL OR INSTITUTION (if not in hospital, give street eddress)		N. C.				e. IS RESIDENCE
Deer's H					YES NO C		
3. NAME OF DECEASED			Last	4. DATE	Montl	h C	Day Yeer
(Type or print)	Frances	Marie	Wilbert	DEATH	Febru	ary (	6 19 62
5. SEX   6.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED			9.	AGE (In years	IF UNDER 1 YE	
Female	White WIDOWE		May 30,1886	6 7	last birthdey) 7 5 yrs.	Months Day	ys Hours Min.
10a. USUAL OCCUPATION done during most of working	(Give kind of work   10b. KI	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or fo	reign country)		N OF WHAT COUNTRY?
House Work		None	Ohio			US	A
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Marvin V	.Gates		Venora F:	ields			
15. WAS DECEASED EVER II (Yes, no, or unkown) (Ifyes	glvewer or detes of service)	4	informant s.C. Marie I 19 E. 6th St	Derrick treet	son(G	rand_I el,Del	laware
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).)						INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (%)  Acute myocardial infarction					72 hours_	
470	DUE TO					1 15 5 10	
Conditions, if any, w	Conditions, if any, which (b) Arteriosclerotic cardiovascular disease					Years	
	gave rise to Immediata cause						
(a), steting the under	(a), stelling the underlying						
Z PART II. OTHER SIG	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
D	Diagetes mellitus						to the same of the
OR CONTRIBUTING (IF EITHER, NOTIFY ME	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 1B.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Hour e.m. p.m.	Month, Dey, Year 20d. While	Not While fac	ACE OF INJURY (Home, fari tory, street, office bldg., etc		or town)	{County	) (State)
21. I certify that	21. I certify that (I) (this hospital) attended the deceased from June 1, 1900., to Feb						
	saw the deceased alive on Feb. 6						
22e. SIGNATURE	1						
	W. Muldey			MED. DIRECTOR	STAFF PHYS.		2/7/62 SIGNED
22c. PHYSICIAN'S NAME (Type)	L. V. Maldve,		22d. ADDRESS Deer's He	ead Hosp:		Salisbu	
23a. BURIAL, CREMATION	23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	TION (City, to	wn or county)	(State)
REMOVAL (Specify) Burial	Feb.10,1962		the Open D	opr Cer	netery	-Clark	
24 FUNERAL DIRECTOR'S		ADDRESS		C'D BY REGISTR	AR 25b. RE	GISTRAR'S Sto	NATURE
HOLLOWAY &	COMPANY SAI	JISBURY, MARY	LAND DATE	sa 9 '62	0	who & T	Trans

. Superint in the second of th Living the transfer of the other than the reservoir the reservoir HOLLOWAY & COMPANY CHALLOSURY, MARYLAND THE TANGLIBE

VR A15 (4) 1SM 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1250

CERTIFICATE OF DEATH

02558

1. PLACE OF DEATH  e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						
Wicomico Maryland	*. STATE Maryland b. COUNTY Wicomico						
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)						
Salisbury	12 Salisbury						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS    e. IS RESIDENCE ON A FARM?						
100 E. William St	108 E. William St YES NO X						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
(Type or print) A. DOROTHEA	WILCOX DEATH FEBRUARY 16 19 62						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS.						
	February 3, 1881 81 yrs. Months 13 Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)							
Retired Ins. Agent Insurance	Wilmington, Delaware USA						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
George W.Wilcox	Emma L. Matthews						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Ceased-Miss A. Dorothea Wilcox						
No	deased-miss A. Dorothes, willow						
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL SETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	PART I. DEATH WAS CAUSED BY:						
DUE TO							
	Conditions, if eny, which \ (b) Carcinoma of Pancreas						
gave rise to immediate cause (a), stating the underlying DUE TO							
cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
	YES NO X						
OR CONTRIBUTING CAUSE OF DEATH							
14/41							
	ACE OF INJURY (Home, ferm, 201. (City or town) (County) (State)						
p.m. N/A 19 at work at work	N/A N/A						
21. I certify that (I) (this hospital) attended the deceased from	19, 19, that (I) (we) last						
saw the deceased alive on	at death occurred at						
22e. SIGNATURE	ATTENDING MED. STAFF 7 22b. DATE						
	M.D. PHYS. A DIRECTOR PHYS. 1902						
22c, PHYSICIAN'S NAME_(Type)	22d, ADDRESS						
Dr. bayk J. Waters	Medical Center - Salisbury, Maryland						
23a. BURIAL, CREMATION. 25b. DATE THEREOF 23c. NAME OF CEMETERS							
Burial Feb. 19, 1962 Parsons	Cemetery Salisbury, Maryland						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
HOLLOWAY & COMPANY - SALISBURY, MAR	YLAND DATE FFR 19'62 Outlan S. Kinna						

85630 Address of the second of the second THE LEADER TO SHEET LABOUR Timed Cur. Compt rooff in went orge . It and in beaution Every practice - defend for the party of the - A THE REPORT OF THE PARTY OF

### FOR STATE HEALTH DEPT.

ssary, ealth, TO DEPUTY MED.

EXAMINER: This certificate should be executed within 24 hours after death. If any delay is no please execute the Late, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dire 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for you TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 77 hours after death.

MARYLAND CTATE DEDARTMENT OF HEALTH

	MAKI	AND SIAIE D	EPARIMENT OF	FIEML	111	
Division of STATIS	TICAL RESEARC	H AND RECORDS,	301 W. PRESTON S	TREET,	BALTIMORE	1, MARYLAND
02560	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF I	DEATH	

ч	02000								
	1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed livad, if institutions Residence before amission)  o, STATE  b. COUNTY							
1	Wicomico	MARYLAND	Delaware b. County						
l	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporata limits, writa RURAL and give nearest town)							
N	Salisbury		Delmar		46	46X3			
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spitel, give street eddress)	ess) d. STREET ADDRESS			ON A FARM?			
	Peninsula General	Hospital	RFD	# 1		YES NO			
1	3. NAME OF First DECEASED	Middle	Lest	4. DATE Mon	th Dey	Yeer			
ı	(Type or print) Mary Elizab	eth Work	man		2-21-62	19			
	5. SEX 6. COLOR OR RACE 7. MARRIE		. DATE OF BIRTH		S IF UNDER 1 YEAR	IF UNDER 24 HRS.			
1	F W WIDOWI		May 21, 19	05 last birthday) 56 yrs.	Months Days	Hours Min.			
4		CIND OF BUSINESS OR INDUSTR		or foreign country)	12. CITIZEN O	F WHAT COUNTRY?			
	done during most of working life, even if retired)  At Home	Home	Delawar	е	USA	A			
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME					
	Larry C. White		Maude E	.Kinikin					
			NFORMANT	Addre					
	No contraction (in your and or deless is a vice)	(Yes, No or unkown) (If yes give wer or defes of service) None Olin J. Workman, Delm							
	18. CAUSE OF DEATH [Enter only one couse per	line lor (e), (b), end (c).]				ERVAL BETWEEN			
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o.	Hours						
	LAS O DOUE TO								
	Conditions, if any, which (b)		Years						
Ì	gave rise to immadiate cause (a), stating the underlying DUE TO								
	cause last. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
	Diabetes Mellitus.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  Diabetes Mellitus.  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of Item 18.)  PRIMARY OF CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury In Pert I or Pert II of Item 18.)									
	20c. TIME OF INJURY Month, Day, Year 20d. While the control of the	20f. (City or town)	(County)	(State)					
	p.m. 19 et wo								
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry and in my opinion								
	death resulted from:	Accident, Suic	ide . Homicide	, Undetermined	manner				
	61		CHIEF MEDICAL !	EXAMINER [					
	ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  DATE SIGNED								
EXAMINER'S Earl L. Royer, M.N. DEPUTY MEDICAL EXAMINER X 2-22-62						2			
	228. BURIAL, CREMATION, 226. BATE THEREOF	18. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or country) (Stote)							
	Burial 2-24-62	Laurel Hi	11	Laurel, De	elaware				
1	23. FUNERAL DIRECTOR	ADDRESS	24e. REC	'D BY REGISTRAR   246. RE	GISTRAR'S SIGNATI	URE			
	W.S.Marvel Co. Delm	mar, Del.	DATEEN	26'62 a	Mus S. Krain				

The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s the state of the s Basin Is require of your lease by her and the residence Lall Tue to the left the